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REMARKS

ON

MEDICAL ORGANIZATION

AND

REFORM,

(FOREIGN AND ENGLISH.)

WITH A SUPPLEMENT

UPON THE

MEDICAL REFORM QUESTION.

BY

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TO

THE RIGHT HONOURABLE

SIR JAMES GRAHAM, BART.,

SECRETARY OF STATE FOR THE HOME DEPARTMENT,

WHOSE PERSEVERING ENDEAVOURS

TO PLACE THE MEDICAL PROFESSION OF THIS COUNTRY

UPON A MORE EFFICIENT BASIS,

SO AS TO

LEAD TO THE REMOVAL OF EXISTING DIFFERENCES,

AND TO THE

IMPROVEMENT OF ITS CONDITION,

MUST COMMAND THE LASTING GRATITUDE OF ITS MEMBERS,

THESE REMARKS

ARE RESPECTFULLY INSCRIBED.

P R E F A C E.

THE abandonment of the bill for the re-organization of the medical profession sufficiently indicates the difficulties of legislating upon a question so complicated, and involving so many interests; but, as it is not very probable that matters will continue long in their present state, I conceive that the following notices of the medical organization of three of the most civilized continental countries may assist in facilitating any future attempt at a more satisfactory arrangement. Having thought it incumbent upon me, in treating the question, to quote some observations made by others respecting the bodies which at present regulate for the most part the profession in England, in order to enable the reader properly to estimate the case, I should be very sorry if these were to be misconstrued, as evincing animosity on my part, for, though I certainly am desirous of seeing such alterations as may remove existing sources of discontent, and benefit the community, which are not likely to be effected unless the circumstances be made known, which I had rather they should be in the language of others than in mine; nevertheless, though I have endeavoured to perform it as impartially as possible, I would willingly have avoided so invidious a task, and it would be to me an occasion of great regret, if what has been said with reference to a state of things existing long before the present generation, for the continuance of which none can be considered as personally responsible, should give offence to any of those for whom individually I

entertain sentiments of high esteem and regard. Upon an occasion, however, when such momentous interests are concerned, to which no one who has the welfare of his profession at heart can remain indifferent, considerations of a purely personal nature ought not to be allowed to weigh against whatsoever is likely to promote the general advantage; and the belief that these remarks may be of service, alone induces me to submit them to the public.

April, 1846.

13, Curzon Street.

REMARKS

UPON

MEDICAL ORGANIZATION AND REFORM.

THE vast influence which the perfect or imperfect state of the medical organization in any country must necessarily exert upon the general welfare, and in a more direct manner, upon individual security and happiness, would seem to be too obvious to require comment; for, so closely are medical connected with general interests, that whatsoever leads to the elevation and improvement of the profession cannot but tend in the highest degree to benefit the community at large; and yet, whenever medical reform has been brought under the consideration of parliament, the inference might be drawn from the scanty attendance of members, and from the manner in which the question has been entertained, that it was one affecting only a single unrepresented class, and of little public importance. The circumstance may be in some measure ascribed to the prevalent deficiency of knowledge respecting medical matters in this country, and of the necessity that has long been felt by all those conversant with them, of such comprehensive alterations as would procure the removal of long-standing abuses, and would render existing institutions better fitted for the purposes for which they were created; more conducive to the promotion of science, and of the interests confided to their charge. Public attention, however, having been, during the last twelve months, more strongly attracted by the press to the subject, in conse-

quence of some occurrences which produced universal agitation among the members of the profession, the advantage has resulted that instead of hastily passing into a law some proposed measures but little calculated to procure the removal of several of the evils complained of, the question is in future more likely to be fully and calmly considered in its various bearings, as befits one of such paramount importance both to the present generation and to posterity.

Having in the course of my visits and residence in several of the continental cities paid a good deal of attention to the state of the medical organization and practice, of which (more especially the latter) I have published some accounts, both in a separate work,* and in communications at various times to a medical journal, I conceive that it may be serviceable at the present juncture to advert to some of the leading points connected with public hygiene and the regulations for the study and practice of medicine abroad, which may possibly afford some useful suggestions for the amelioration of our own system ; respecting which I have added some remarks, preferring, however, rather to quote the facts adduced, and the opinions expressed, by others who have treated of the subject in an impartial manner, than too freely to obtrude my own ; both because I feel myself to be less competent to enter fully into the consideration of so complicated a question, and also because these quotations will enable the reader to form a better estimate of it than the statements of any single individual. It is, however, easier to indicate the more objectionable parts of a system than to propose a plan of reform likely to be generally acceptable, and at the same time most conducive to the public welfare ; but if a similar method to that recently adopted in France—where medical reform is also under consideration—could be pursued in this country, it would be best calculated to effect the desired object, viz. by

* Observations on the Medical Institutions and Practice of France, Italy, and Germany, &c. 2nd Edition. 1843.

means of a commission composed of many of the most distinguished professional men in the capital, and from the larger provincial towns, for the purpose of deliberating upon the necessary alterations. This commission was appointed upon a representation being made to the king by the minister of public instruction, who observed, with reference to the important questions to be considered, "The object of the commission is to decide upon interests affecting the public health, the right of all classes to an equal partition of medical assistance, the most efficient guarantees of the amount of knowledge; the conditions of the studies and the sacrifices imposed upon a whole class of the youth of France; the advantages which may accrue to families and towns; the rights attached to professorships; but, above all, the progress and developement of science, for this interest must predominate over all others. I therefore intreat your majesty to grant me for these purposes the assistance of a high medical commission, of which the opinions, after having been subjected to the Council of the University, will afford at the same time a guarantee of progress and of maturity."

It would, however, be essential, in the formation of a similar commission in England, that it should consist of members from all classes of the profession, in order that it might be less subject to the influence of the conflicting interests of the corporate bodies which has been heretofore so prejudicially exerted.*

* "We cannot look with much confidence to this source of amendment (the corporations). The corporations are all independent of each other; there is no bond of union between them. They have to legislate for a profession, the different branches of which are necessarily much connected with each other, but they all act separately. They are responsible only to themselves and to the slow operation of public opinion, and we cannot shut our eyes to the fact, that their interests are not always identical with those of the public."—*Article on Medical Reform in Quarterly Review.*

MEDICAL ORGANIZATION OF FRANCE.

The minister of public instruction is in France the connecting link between the state, the educational establishments, and the learned professions, being the head of the University of France, to which all the national academies in Paris and the larger towns are subject, and which comprises the following faculties: 1. Mathematical and physical sciences; 2. Letters, including the branches of general education; 3. Law; 4. Theology; 5. Medicine. There are three medical faculties, viz. at Paris, Strasburg, and Montpellier; the number of students in these latter is but small as compared with the former, so that the metropolis may be considered as the centre of the medical movement of the kingdom. The larger provincial towns contain secondary schools for the delivery of lectures upon the branches of medical education, but these do not supersede the courses which students have to follow at the seat of a faculty, and which are given by the professors.* The period of medical studies in a faculty is four years, during which students have to take out sixteen inscriptions (one every three months) for attendance upon the courses, the expense of which amounts to about £ 40; but before the first inscription is taken out, the student must have obtained the degree of Bachelor of Sciences and Letters, by passing two examinations; the first being upon mathematics, natural history, natural philosophy, chemistry, and botany; the second embracing history, geography, rhetoric, logic, and moral philosophy. The following

* The following are the chairs of the professors in the medical faculty:—anatomy, pathological anatomy, physiology, obstetricity, chemistry, and pharmacology; medical chemistry, surgical pathology, general pathology, and therapeutics; special pathology, special therapeutics, hygiene, medical jurisprudence clinical medicine, clinical surgery.

is the order in which attendance upon the medical courses is recommended, but not enforced.

1st. Semestre (half-year). Anatomy, physiology, chemistry.

2nd. Medical physics, hygiene, medical natural history.

3rd. Anatomy, physiology, operative surgery.

4th. Hygiene, medical pathology, pharmacy.

5th. Operative surgery, medical and surgical pathology.

6th. Clinical medicine, chemical surgery, *materia medica*.

7th. Clinical medicine, clinical surgery, medical pathology.

8th. Medical jurisprudence, therapeutics, midwifery.

Besides the public lectures delivered by the professors, private courses are given by the *agregés*, or assistants, who are attached to the faculty and compete for the professorships as vacancies occur, as well as by other teachers; and these being more practical and entering more into the details than the former, are of greater service as regards elementary instruction. The students are, moreover, directly superintended by the teacher, who is able to perceive whether the attendance be regular or not, which is impracticable in the larger classes of the professors. In the first Report of the Committee of the Medical Congress the advantage of the separation between the public courses and those of the preparatory lectures is strongly insisted upon, and a free licence for all qualified persons to teach is advocated. "From the ranks of the private teachers," says the Report, "have arisen many of the most distinguished professors. Private instruction is necessary in order to form and exercise the students, and all qualified persons should have the right to teach, by which an honourable competition is occasioned, which cannot but turn to the advantage of science, and of the pupils. Private instruction does not supersede that which is official, as it can confer no title to the acquisition of degrees, but it is highly useful as an adjuvant to public instruction."

Every candidate for the diploma undergoes five examinations; the first, after the fourth inscription has been taken out, relates to those subjects which are supposed to have been studied during the two preceding years. The second examination is after the twelfth inscription. The other three are at the termination of the term of study. Three candidates are examined at the same time by two professors and an *agregé*. The examination lasts two hours, each candidate being examined for three-quarters of an hour. The examiners upon the different branches receive each an annual salary (6,000 francs). The fees for inscriptions go to form a fund for the salaries of the professors, which are fixed, and should there be any deficiency from this source it is made up by the government.

For the anatomical examination a part of the body is indicated to the candidate which he is required to dissect on the same morning, and to answer questions relative to the dissection; for the surgical examination, he is required to perform an operation on the dead body; a thesis upon some point of medicine and surgery must be written and defended. The clinical examinations take place at the bedside of patients in the wards of the clinical hospital.

The Medical Congress proposes that there should be in future a classification of students according to the more or less advanced period of their studies; that all should undertake an active service for two years; that the period of medical studies be extended to five years; and a sixth examination on medical philosophy and history.

The *école pratique* in Paris is an excellent institution for promoting a spirit of emulation among students; the number of those admitted is restricted to 120; the elections are decided by *concours*. Examinations are frequently made, and prizes are distributed. Students belonging to the *école pratique* are eligible to the offices of anatomical demonstrator

and assistant demonstrator, which are likewise determined by the *concours*. The former appointment is held for a year, and a salary is attached. The same person may be elected for three successive years.

The inferior grade of practitioners, chiefly resident in country districts and small towns, and whose practice is restricted to the "ordinary exigencies," termed *officiers de santé*, is about to be abolished. All candidates for the diploma of doctor of medicine or surgery are required to study midwifery, and some practise this department, which, however, is for the most part in the hands of midwives, who are required to go through a course of study and examination before receiving a licence to practise; so that the services of the obstetric physician are seldom required unless when any difficulty occurs. Medical practitioners paid till lately an annual tax, which is now abolished.

I have already alluded to the *concours*, which is the mode of filling up vacancies in the professorships and medical institutions by public and scientific competition, to which all qualified persons are admissible. The following is the method pursued when a professor's chair is vacant. The dean of the faculty summons a meeting of the professors, from whom a committee is formed, determined by drawing lots. The members of the committee are sworn to perform their duty impartially. The approaching trial is notified in the scientific journals, and is placarded in the neighbourhood of the *école de médecine*. At the appointed time the public is admitted into the large amphitheatre, and the *concours* is opened by every member of the jury depositing in an urn a slip of paper with the name of some medical subject written upon it. Each candidate draws out one of these slips, and must deliver a discourse upon the subject thereon indicated for a quarter of an hour. Each must also publicly read and defend a thesis (which he has previously written and submitted to the judges) upon some practical point. The disputations upon the thesis

sometimes last for several days. For the anatomical and surgical posts, operations are publicly performed and described on parts of the body indicated by the judges, and of which the candidate has no previous knowledge.

The following observations of the Committee of the Medical Congress with respect to the *concours*, as compared with other modes of election, may be advantageously subjoined. “ First, the direct nomination by a superior authority (as of a minister) is the worst mode of all. Ministers will allow themselves to be influenced by the same motives which actuate others, and from the particular interest they may feel for a person, they will consider him as the most worthy. 2nd. The selection from a presented list of candidates is no better than the former mode. These lists are a positive deception; the first on the list is the one whom the presenters prefer, and whom they desire to see nominated. 3rd. Direct nomination by the faculties. This would seem to be a less defective method. It is, in fact, difficult to believe that an instructing body, the guardian of its own honour, would admit of its own accord unfit persons. But, gentlemen, the spirit of party, individual jealousies, the miserable shifts of the human heart, may lead a public body to set aside by a systematic opposition the individual most worthy of consideration, with whom it might fear to stand a comparison, from whom it might apprehend competition, and whose superiority it might one day anticipate. It is prudent to guard men against their own weakness. Besides, facts have shown that a man in every respect honourable, who may have obtained the suffrages of the faculty, may not always possess in an eminent degree the requisite qualities for the professorate. These considerations have led the committee to be unanimous for retaining the mode of nomination by *concours*, notwithstanding the objections that have been raised against it, viz. that highly estimated men, who have given proofs of their abilities, and whom public esteem would seem to point out as worthy of belonging

to a faculty, would not expose themselves to the always uncertain chance of a contest with younger men, trained into the system, and thus compromise their reputation.

“ The *concours* is therefore the method which we propose for your adoption ; but in order that the advantages which it promises may be fully obtained, it is of the utmost importance that the jury who have to decide upon the nomination be properly constituted, otherwise the *concours* may become illusory, and may present the serious inconveniences which will doubtless determine you to reject the other methods. It must offer every desirable guarantee of the enlightenment, independence, and impartiality of the judges ; the jury should be mixed, that is to say, composed on the one hand of professors, and on the other of persons taken from without the pale of the faculty—as, for instance, a third part professors, one-third members of the Academie de Medicine, and the rest of private practitioners.”

With respect to students in pharmacy, the Committee proposes three degrees, viz. Bachelor, Licentiate, and Doctor of Pharmacy ; the latter to confer the right to practice. The prices of medicines to be fixed by a legal tariff.

The following are among the most important alterations proposed to be effected by the congress :—

The establishment of a medical college in each department of the kingdom, consisting of all persons who have a legal title to practice, and who are to be registered on lists annually renewed. Every medical college to appoint its own council, the members of which must have been at least five years resident in the locality. The medical councils are required, 1st, To give information to the government of any individuals who may be practising illegally, and to prosecute them. 2ndly, To address to the proper authorities all demands or complaints which the medical body or any of its members in his medical capacity may have to make. 3rdly, To apply penalties to those persons who, though exercising legally, have com-

mitted acts tending to affect prejudicially the honour and consideration of the medical body; in the first instance, or for minor offences, by private admonition or reprimand; in more serious cases, by public censure, temporary exclusion from the lists, or even by complete exclusion, which however is to be reserved for criminal cases. The councils are to meet every three months, or to be convoked extraordinarily when requisite.

The institution of a professor of the history of medicine, and of special hospitals for official instruction in particular classes of disease. With respect to an enforced limitation of the number of medical practitioners, as is effected in some countries, the congress have come to the conclusion, "that the principle of any limitation whatsoever in the exercise of a liberal profession is altogether opposed to our institutions and customs. It considers that in medicine, more especially, the best principle of limitation consists in the progressive strictness of the trials to which candidates for the diploma are subjected."

Every announcement, by means of journals, bills, prospectuses, brochures, or otherwise, having for its object to indicate to the public the arrival of a physician in a locality, or his address, or a particular method of treatment, or the sale of any medical composition, to be prohibited under a penalty of 100 to 1000 francs. In the event of a repetition of the announcement, imprisonment from five to twenty days. Professors to vacate their chairs when they have attained the age of sixty-five years, and then to become honorary professors, their salary being continued till the age of seventy. The practice of medicine and pharmacy conjointly to be strictly prohibited.

Every public or private compact between a physician or surgeon and a druggist (with reference to a per centage on the medicines prescribed) to be prohibited. Every fact of collusion or medical *comperage* between a practitioner and chemist, or between practitioners among themselves, or between

medical and non-medical persons, to be equally prohibited. The posts of inspectors of the mineral springs at the watering-places to be determined by competition.

The hospitals and hospices (asylums for aged and infirm persons) of Paris are under the superintendence and direction of a council consisting of fifteen members, besides the prefect of the Seine and the prefect of police, who are members by virtue of their office. The members are nominated for five years, being in turns selected by the minister from a list of five candidates presented by the general council. Administrative agents, acting under the orders of the council, are charged with the executive power. The reunion of these agents forms the administrative committee, which is composed of five members besides the secretary-general. These are also appointed by the minister from a list of five names presented by the council. The members of the council, who are persons of consideration, do not receive any salary. That of each of the members of the administrative committee is 9000 francs annually. A director resides in each establishment, and superintends its interior economy. The committee has a central office, to which are attached eighteen members, (twelve physicians and six surgeons,) who are elected by concours. Some attend daily for the relief of patients who apply for advice, and for granting tickets of admission to the hospitals. The number of patients annually received into the hospitals average about 47,000, besides 20,000 into the hospices. The revenues amounted, in 1843, to upwards of 17,000,000 francs,—the expenditure to about 16,000,000 francs. They are derived from invested property arising from donations and bequests, a proportion of the receipts at the theatres, of import duties, and of the profits of the Mont de Pieté, an establishment for the loan of money upon pledges. There are also in Paris district offices—bureaux d'arrondissement, to which are attached medical attendants, who visit the sick poor at their own habitations. Hospital

visits are made daily by the physicians and surgeons at an early hour. In the three principal hospitals are the medical and surgical clinics, the clinical professors delivering lectures upon the most interesting cases, and often see out-patients; so that the time devoted by them to the patients and to instruction is about three hours every morning (holidays and vacation time excepted). Hospital physicians and surgeons are appointed by the administrative committee, the preference being generally given to members of the central office. Beginning with the smaller, they are transferred to the larger hospitals as vacancies occur. The medical congress proposes that in future these appointments should also be determined by concours, "when," says the Report, "intrigue and favouritism would not be able to dispose, as sometimes happens, of places due to labour and to merit, and those practitioners who are desirous of raising themselves would be obliged to keep pace with the progress of science, and would improve by study their practical opportunities, so that both science and humanity would be the gainers. The concours has been reproached with not always enabling the most worthy to succeed, and especially, as regards hospital appointments, of not always being the best criterion of good practitioners. Certainly we do not pretend that the concours is faultless, but we think that it is the mode the least liable to allow extra-scientific influences to predominate; that if on some occasions it has suffered injustice to triumph, the triumph would have been much more easy without it; that by rendering the trials by concours more numerous and more decisive, by surrounding it with the requisite guarantees, almost all the inconveniences ascribed to it may be avoided, and success ensured to the merit which is really superior."

Hospital physicians and surgeons are assisted in their duties by *internes* and *externes*, the duties of the former being of an analogous nature with that of house physician or surgeon, that of the latter to dressers. The appointment of *interne* is

likewise determined by concours, and is held for two years, at the expiration of which the same person is usually re-elected for two years more. The *interne* resides in the hospital, and receives a small salary. Every physician and surgeon is attended in his rounds by an *élève de pharmacie*, who notes down the remedies prescribed, and superintends their proper application. Cases of disease are for the most part minutely examined, their progress being noted down by the *internes*, as also the *post mortem* examinations of those which terminate fatally. To each of the medical clinics a *chef* is attached, upon whom the charge of the patient devolves when from any cause the professor is unable to attend, and whose duty it is more especially to superintend and report upon the progress of the cases. The *chefs de clinique* are nominated by the dean, on the proposition of the professors, after they have served their period as *internes*, those being usually chosen who have distinguished themselves as pupils in the hospitals or in the *école pratique*. The appointment is held for four years, and a salary is attached. The more immediate attendance upon the wants of the sick is given by the sisters of charity. Male and female attendants (*infirmiers*) acting under the orders of the sisters perform the more laborious duties.

The above sketch may serve to convey an idea of the leading features of medical organization in France, as regards instruction and charitable institutions, and I will now proceed to the consideration of that of Germany, which necessarily differs somewhat in the various states into which that country is divided.

I am indebted for more full information upon some points to the report addressed to the Minister of Public Instruction in France by Dr. Hoeffler, who was commissioned by his excellency to investigate the subject in Prussia and the States of the Confederation; an instance of the pains which are taken in matters of science in France to obtain information, in order to adopt ameliorations from other countries that may seem

likely to be advantageous ; and it appears, from those proposed by the medical congress, that this information has been rendered available.

MEDICAL ORGANIZATION OF GERMANY.

There are altogether about twenty-four universities in Germany ; some in the capitals, but the majority in small towns, ranking highly in a scientific point of view, and as medical schools. They are under the superintendence of the government, and for the most part comprise the faculties of philosophy, law, theology, and medicine ; though some have five and even six faculties. The rector is the head of a university, and this dignity is on some occasions held by a high personage. At Göttingen George the Second (as King of Hanover) was rector of the university, and the title was retained by his immediate successors. In general, however, the rector is chosen annually from among the professors. After the rector come the deans of the faculties, and the professors, who are divided into ordinary and extraordinary. The former receive good salaries ; the latter are also salaried, but chiefly depend on their exertion as teachers, and are appointed to the ordinary professorships as vacancies occur. Professors who have acquired celebrity are frequently invited by the government to occupy the chairs in the university of a different state ; and Switzerland has in two or three instances supplied distinguished professors to German universities.

The usual age at which students matriculate is between eighteen and twenty. Before being admitted they must produce proofs of having received an efficient general education. The period of strictly medical studies is four years.

Students may attend the classes in the order which they may prefer, and have to undergo four examinations. The first is merely for promotion ; the second, termed *tentamen*, is conducted by the dean, and takes place before the termination

of the course of studies. The third, or *rigorosum*, is held before the professors of the faculty, when each professor examines on his particular branch of instruction. The examination usually lasts upwards of three hours, three or four candidates being examined at a time. Each one must, moreover, write and defend a thesis in the Latin language. After having passed through these ordeals, the candidate obtains the degree of doctor, which however confers no title to practice. The degree of doctor of medicine may be obtained at any of the Prussian universities; but all candidates who are natives of Prussia are required to repair to the capital for the public examination, which is divided into several parts and lasts several days. At the anatomical examination the name of one of the bones is drawn from a vase by the candidate, who is required to give a description of the bone without hesitation. In like manner the name of one of the viscera, nerves, or blood-vessels is drawn and the particular part described. In the same way is indicated the name of the part of the body to be dissected and demonstrated. In the surgical examination a dissertation must be held upon a subject chosen by the examiners, and an operation must be publicly performed by the candidate, who describes its different steps. He is also required to demonstrate upon the skeleton the method of treating fractures and luxations. He has besides the charge of two patients in the hospital for a fortnight, taking daily notes of the cases. These are read at the examination, which takes place at the bedside, when he is required to express himself clearly upon the diagnosis, the prognosis, and the treatment of the disease. The examiners question the candidate in this manner at least three times a week at the patient's bedside, where they receive and sign his clinical report.

For the final and oral test the examiners are eight in number, viz. two for practical medicine, two for surgery, two for theoretical medicine, and two for the accessory sciences. To this number must also be added two for pharmacy, for the purpose of interrogating those who restrict themselves to the

exercise of this department. Doctors of medicine and surgery, who purpose practising the healing art in its whole extent, are questioned not only upon practical subjects, but also upon the accessory sciences.

From the lower grade of practitioners, viz. surgeons of the first class, (non-graduates,) practical knowledge in medicine and surgery alone is required. They are not expected to be learned, but simply practitioners, and are much upon the same footing as the French *officiers de santé*. The candidate for a licence to practise as a surgeon of the first class must prove that he possesses sufficient classical knowledge to understand the Codex and other easy Latin authors, and to write a prescription correctly; whereas the graduated doctors of medicine and surgery must undergo the trial of the state examination (*staats examen*) already described.

SURGEONS OF THE SECOND CLASS.—To become a surgeon of the second class, the candidate must either have served during three years as assistant surgeon in the army, or have attended the courses of a medico-chirurgical school, and must undergo an examination before a provincial and medical college, which consists of three written questions, drawn by lot, relating to subjects of physiology, materia medica, and surgical therapeutics; an anatomical demonstration; a trial at the bedside, in the presence of a member of the medical college; and a *viva voce* examination upon practical surgery before three members of the medical college.

The functions of the second class surgeons are very limited, and consist in executing the orders of the graduated physicians and surgeons, in bleeding, scarifying, applying leeches, &c. They are prohibited from treating internal diseases, and are responsible for the results of the more serious surgical operations which they undertake. Notwithstanding the prohibition, these practitioners trench greatly upon the rights of the doctors in medicine. It is expected that this class will shortly be abolished.

Surgeons of the first and second class cannot be admitted

to examination for the degree of doctor without a special authorization from the minister: and even after having fulfilled all the requisite formalities, they are not received into either the first or second category of graduated doctors.

Accoucheurs, oculists, dentists, are examined by the members of a provincial medical college. Dentists must be at least surgeons of the second class, and have served three years as military surgeons.

There are two large establishments at Berlin for the formation of military surgeons and physicians, to which I need not here further allude, as having no immediate reference to the subject now under consideration.

Dr. Hoeffler observes, respecting the students not being obliged to follow the courses in a methodical order, that it frequently happens that many attend to little or nothing during the two first years of their residence at the universities, and then endeavour to redeem the time by hurried studies and by *cramming* for the examination. In general, however, students are engaged by their own interest to attend during the first year the courses of physics, chemistry, botany, mineralogy, and zoology, to which must be added those of logic and psychology, forming the *absolutorum philosophicum*, or the aggregate of the preparatory sciences. The second and third years are generally devoted to anatomy, physiology, pathological anatomy, external and internal pathology, medical jurisprudence, and toxicology. The studies of the fourth year are for the most part clinical.*

* The Berlin faculty of medicine contains fourteen chairs of titular professors. 1, General anatomy, and anatomy of the sensitive apparatus (Professor Müller). 2, Descriptive anatomy (Schlemm). 3, Pathology and clinical medicine (Schönlein). 4, General physiology (Horkel). 5, Comparative physiology and microscopy (Ehrenberg). 6, Botany and pharmacology (Link). 7, General pathology and materia medica (Schultz). 8, General, special, and clinical surgery (Dieffenbach). 9, Operative and clinical surgery (Juengken). 10, Obstetricity (Busch). 11, Medical jurisprudence (Casper). 12, Medical police and hygiene (Wagner). 13, History of medicine (Hecker). 14, General therapeutics of acute, chronic, and syphilitic diseases (Horn).

During the first half year the students merely follow the clinical physician or surgeon in his rounds, attend his lectures, and listen to the questions which he addresses to patients. They are hence called *auscultantes*. During the second semestre the auscultants become *practicantes*, or in other terms, have the superintendence and charge of patients, who must be visited once and sometimes twice a day. They must likewise take notes of the cases, and submit them to the clinical professor. If the patient dies the *practicant* is required to make the examination, and to address a report upon it to his superior.

In the surgical clinique the *practicant* student examines the patients in the presence of the professor, forms the diagnosis, and assists in the operation when such is required; but he has no farther charge of the patient, whom he does not even see again after he is carried into the ward reserved for operated patients. In general each student has not more than three or four patients to treat during the half year. Generally a year, but rarely two years, is given to hospital attendance.

The institution of public functionary physicians—a true medical hierarchy—forms a distinguishing feature between the medical organization of Germany and that of France. A supreme medical council (*wissenschaftliche deputation*, scientific deputation) annexed to the department of the Minister of Public Instruction and Worship, is at the head of the direction of medical affairs throughout the Prussian territories.

The state examination of candidates, which alone confers the right to practice, takes place before a committee chosen by this council, of which all the members except the president and the secretary are physicians, doctors of medicine or surgery. This institution was formed in 1685, under the title of *Collegium Medicum*, for the purpose of granting to physicians, surgeons, accoucheurs, and apothecaries, licence to practise after they had fulfilled the conditions prescribed by the regulations. In 1724 a medical college was created in each pro-

vince; that of Berlin received the title of supreme, (*Ober Colligium*), and having for its president a minister of state, the members being the physicians of the court, the oldest practitioners of the capital, and two superadded members (assessors)-for surgery and pharmacy. According to the ordinances now in force, there exists in the chief town of each province a medical college, presided over by the governor of the province or, in his absence, by the first councillor, and consisting of six members, viz. two physicians, a surgeon, an accoucheur, an apothecary, and a veterinary practitioner. Its office is to advise the provincial governments respecting matters of medical police or jurisprudence, to watch over the medical establishments and the revision of the pharmaceutical tariffs, to form itself into a committee of examination for the admission of practitioners of an inferior grade. This college is moreover required to appreciate doubtful cases of medical jurisprudence, to ratify physicians' certificates, to recommend the necessary sanitary measures on the occurrence of epidemic or endemic diseases, and to procure analyses of mineral waters. The provincial medical colleges are required to transmit to the supreme college of Berlin periodical reports of their transactions.

To the medical college of each province there are subordinate district medical councillors, (*medicinabräthe*). There are as many medical councillors as there are districts in the province; and, being the immediate agents of the college, they must reside in the chief town of the district, as the members of the medical college must reside in the chief town of the province.

The physician and surgeon inspectors of the cantons occupy the lowest step in the hierarchy of medical functionaries: they are especially charged with an active superintendence of all the practitioners of the canton to which each belongs. They are also subject to the orders of the judicial authority in cases of medical jurisprudence.

The hierarchy of medical functionaries thus rests in Prussia,

as well as in the other states of Germany, upon the political division of the country into provinces, districts, and cantons. All the individuals employed receive salaries from the state; the salary depends not only upon the rank but also according to the length of time during which services have been rendered. Between the physician-inspectors of the cantons on the one hand, who receive about 1,200 or 1,500 francs, and the members of the supreme medical council on the other, who have from 10,000 to 12,000 francs annually, are placed the district physician-inspectors and the members of the provincial colleges, who have proportionate salaries.

These appointments are not obtained by *concours*. But in order for a practitioner to enter upon this career, and to aspire to them, he must have undergone a special examination. These functionaries are distinct from the instructing bodies in the faculties. The faculties confer academical degrees; the state alone, represented by the committee of the *staats-examen*, grants the licence to practice.*

Apothecaries (pharmaceutists) of the first class have to undergo two examinations before the committee of the *staats-examen*, viz. one upon chemistry, botany, pharmaceutical manipulations, toxicology, forensic medicine, and chemical analysis; the other, entirely oral, has reference only to the knowledge which is requisite for the practice of pharmacy in general.

Hospitals in most parts of Germany are chiefly supported by a tax on parishes and districts, and by contributions from servants and others of the working classes. Masters are obliged to pay beforehand for two months' support of their servants when these are admitted. The inhabitants of Berlin have to pay for one month beforehand. Those from other towns or countries pay for two months. If the patient is altogether indigent, the parish in which he is born is charged with the expense. The management of the hospital affairs is usually vested in a committee, of which the members of the

* Hoeffler, Rapport, &c.

town council form a part. A director superintends the interior economy of the larger establishments. At Vienna the patients are divided into three classes: the first class pay each forty florins a month. These patients have separate rooms, or three or four only in the same room, and food of a superior quality. Those of the third class pay only nine florins a month, which, if they are unable, is paid for by their masters or by the commune, and which they are expected to repay after their recovery. A somewhat similar arrangement is made at Munich, and at the other towns; at Berlin there are five clinics, which are united in the large hospital La Charité, viz. two services of medical clinique, one service of surgical clinique, an ophthalmic, and an obstetric clinique. In the new Charité there are, moreover, clinics for diseases of children, for syphilitic and mental diseases. Dr. Hoeffler observes, that though the hospital contains nearly one thousand patients, the only wards which students are permitted to frequent are the clinical wards, containing about ninety patients, most of whom being affected with the more serious and acute diseases, the students have rarely opportunities of witnessing cases of chronic disease. This, however, is not generally the case in other cities of Germany.

In the Austrian states the profession is also divided into Doctors of Medicine and Surgery, and two inferior grades of surgeons. Those of the lowest grade attend lectures for one year, and after examination are licensed to perform the more common minor operations, bleeding, cupping, &c.; they also for the most part officiate as barbers. Surgeons of the higher class require a three years' course of study—are termed masters (*magistri*). Their practice is restricted to the more ordinary cases of disease, and they are prohibited from performing the more important operations.

The course of studies for the diploma comprises five years. Students undergo a slight examination at the end of each year. At the termination of their studies they are subjected to two strict examinations (*rigorosa*). The first being upon

anatomy, physiology, pathology, zoology, and botany; the second upon pharmacy, forensic medicine, medical police, chemistry, clinical medicine, surgery, ophthalmology, and obstetrics, all which latter take place in the wards. Surgical candidates must, moreover, make an anatomical demonstration, and perform an operation, describing its various steps.

Before being allowed to attend the medical classes, students must produce certificates of being at least eighteen years of age, of having received a proper elementary education, viz. four years in one of the national schools, six in the gymnasia, and two in a university in the faculty of philosophy. The degree of master of ophthalmic medicine and surgery must be obtained before a licence to perform operations on the eye is granted. Practitioners in midwifery must also be examined before receiving a licence.

The period of study which the Bavarian government requires from those brought up to the medical profession is as in Austria seven years, of which five must be devoted to the more strictly medical classes, for which there is the same curriculum at the universities of Munich, Wurzburg, and Erlangen. The distinguished professor of medicine in the last-named university, (Canstatt,) whom I have had the pleasure of knowing for many years, lately gave me the following abstract of the course of study and examination at present enforced, several alterations having been carried into effect of late years, for the purpose of rendering admission within the pale of the profession more difficult.

The two years of preliminary studies comprise attendance on the classes of philosophy, logic, physics, chemistry, organic chemistry, botany, natural history, and mineralogy; after this period the pupil submits to an examination (termed the *Prufung*,) which lasts two hours, and if not capable of passing, he must return to his studies for six or twelve months. The three following years are occupied in attendance upon the medical classes, for which there is no prescribed order of study. At the expiration of this term the theoretical exami-

nation takes place before a senate composed of eight members—titular and extraordinary professors—and a president, nominated by the minister, who has the casting vote. This also lasts two hours, the candidate being previously required to make an anatomical preparation and demonstrate it before two of the members. One member then examines on anatomy and physiology; another on general pathology and therapeutics; a third on special therapeutics and materia medica; a fourth on surgery and ophthalmology; the fifth on veterinary medicine; the sixth on midwifery; the seventh on pharmacy; and the eighth on medical jurisprudence and hygiene.

After this examination is passed, two years more must be spent at the university, (or by special permission the candidate is allowed to travel and improve himself,*) in attendance upon the special clinical courses, as those upon syphilitic and cutaneous diseases, the diseases of women and children, &c.

For the practical examination the candidate has the charge of three medical, three surgical, and as many obstetrical cases, of which notes of the progress and of the treatment pursued are submitted to the professors of these branches of the art. He is required to perform an operation, describing its various steps, to demonstrate the methods of applying bandages and of obstetrical manœuvres before two of the members; after this he is admitted to the examination in writing, which lasts four days. Each examiner presents three or four questions in sealed covers; one of these is selected by the candidate, who has to make his report upon the subject indicated without referring to books or any other means of assistance. In the composition of the report, the time occupied is from eight to twelve o'clock, A.M., and from two to six, P.M., a member of the senate being constantly present. The candidate must in this manner report upon the questions each day—eight altogether. After this there is a verbal examination which lasts two hours, besides defending the thesis which the candidate

* For this purpose funds are supplied by the government.

has previously written upon any practical point which he may prefer. Every six months a protocol of all the examinations which have taken place is forwarded to the government.

The inferior class of practitioners in Bavaria (Landärtze) has lately been abolished; the law, however, is not retrospective, those already exercising at the time of its promulgation being allowed to continue their vocation.*

The conferring the title to practice takes place before the academical senate, and all the professors of the faculty. The president delivers a discourse in praise of the candidate, (doctorandus,) who after an argumentation of an hour's duration is proclaimed a licentiate in medicine, and repeats the formula of the oath of Hippocrates. The president then proclaims him doctor, reading the diploma, to which is added a general certificate respecting the capabilities of the new acquisition to the faculty. The expense of examination amounts to 190 florins.

In this kingdom (and I believe also in Russia) the number of practitioners is limited to a certain proportion for towns and districts, so that after a physician has obtained his diploma he is not allowed to practise until vacancies occur in the medical corps, or until the population is sufficiently increased to admit of an additional practitioner. Upon this point Dr. Hoeffler observes, "The ordonnance which restricts the number of practitioners in Bavaria bears date 22nd July, 1835. The physician-inspector of the district (Streit physicus) keeps an exact list of all the practitioners within his department, of whom the number has been fixed beforehand by the government.

"When a physician dies the inspector announces the cir-

* The faculty of medicine at Munich comprises nine chairs of titular professors: 1. Anatomy. 2. Physiology and history of medicine. 3. Materia medica and diseases of children. 4. Chemistry and pharmacy. 5. Surgery and ophthalmology, (Walther). 6. Surgical clinique. 7. Clinical medicine, general and special pathology, (Ringseis). 8. Clinical medicine. 9. Obstetrics and medical jurisprudence.

cumstance to the government, which fills up the vacancy. When the number is complete, one of two things happens,—either the government creates a new place, if the political and religious opinions of the petitioner seem to be suitable, or if he does not appear to offer sufficient guarantees in these respects, he must be contented to wait for a period which may be prolonged indefinitely. The licence to practise is, therefore, frequently arbitrarily refused or granted.

This system produces in Bavaria the most prejudicial effects. A general discontent is manifested among the young doctors, who urgently demand to be allowed the free exercise of their profession. This discontent was shown in the first instance against the established practitioners, who were accused of having occasioned and kept up so iniquitous and humiliating a measure as regards their expectant confrères. But it is more especially against the government which makes use of this enactment for political purposes that murmurs not loud but deep are expressed.

When once legally admitted as practitioners, doctors are allowed to exercise medicine, surgery, and midwifery; for these three branches of the healing art are not separated from each other, neither in the studies nor in the examinations *

As in Prussia so also in Bavaria, there are provincial medical councils subject to a central supreme council, which decides as the highest court in questions of legal medicine. It exercises a superintendence over matters connected with medical police and public health; it has the direction of the examining committees, designating to the minister the presidents and vice-presidents to be chosen.

“ All the ordonnances relative to the medical affairs of the kingdom virtually emanate from the supreme medical council, which possesses no executive power, but acts under the responsibility of the minister. All its decisions are promulgated

* Hoeffler, Rapport, &c.

only under the seal of the minister of the interior, and are determined upon by the majority of votes of the members. The council is composed of four members (assessors) and the president, who has the title of superior medical councillor (Obermedicinal-rath).”*

The district medical councils are composed of a president and four doctors, a chemist, and a veterinary practitioner; and besides superintending the medical affairs of the district, they have to furnish annually to the minister exact lists of the practitioners, including the name, residence, place of birth, religion, and income of each; also whether he be married or not, the number of his children, his natural disposition, practical knowledge and talent; his attachment to the sovereign and his august family, and to the actual constitution; his morality, conduct towards his patients, the particular services which he may have rendered, and any peculiarities which may distinguish him.

“The physicians of the judiciary circles (Gerichtsartze) are charged to superintend the execution of the ordonnances and regulations relative to the exercise of medicine, of pharmacy, and of the sanitary police, as also to superintend the houses for the reception of patients, (Maisons de Santé,) the practice of vaccination, and the medical inspection of conscripts. They are the auxiliary organs of the tribunals and of the courts of justice.” (Hoeffler.)

I will subjoin the remarks of Dr. Hoeffler upon the medical organization of the kingdoms of Saxony and Hanover, with some of the conclusions which he deduces from a comparison between the French and German organization.

There are two medical schools in Saxony—the faculty of Leipzig and the Medico-Chirurgical Academy of Dresden. In the former there is a complete course of instruction; in the latter it has more especially reference to the purely practical part of the healing art. The practitioners educated at

* This appointment is held by Professor Ringseis.

the Academy cannot assume the title of Doctor, and are very similar to the French *officiers de santé*, and the physician-surgeons of Prussia. They are only allowed to practise in localities where there is no doctor, and are under the surveillance of a physician-inspector, to whom they have to transmit every three months tables stating the names of their patients, the number of diseases, of the cured, deceased, and uncured, and any particular observations which they may have to make.

A pupil of the Academy, before being admitted, is required to be at least sixteen years old, to be able to read and write correctly, and to construe a Latin author. The period of study is three years for surgeons and four for physicians. These studies are essentially practical,—(viz. special pathology and medical therapeutics, general pathology, surgery and clinical surgery, bandages and surgical instruments, accouchements and obstetrical clinique, experimental physics, preliminary sciences, zoology and mineralogy, and the veterinary art.) After the second year students are allowed to attend the clinical institution, which contains eighty beds (forty medical, and forty surgical cases.) Every student must have taken detailed notes of a certain number of cases. The examination at the termination of the course of studies consists in a written and a *viva voce* trial upon all the subjects of practical medicine and surgery.

The number of students of the Academy is eighty.

The University of Leipsic has more than once petitioned the government for the suppression of the Dresden Academy.

There is no state examination in Saxony. Graduated physicians of the faculty of Leipzig have the right to practise throughout the kingdom. A strict distinction is still kept up between surgeons and physicians, and a royal ordonnance of 1824 even contains an article to the effect “that every physician who suffers a surgeon to practise in inward diseases shall be liable, according to circumstances, to a fine of from twenty to fifty dollars, to imprisonment, or even to temporary suspen-

sion from the exercise of his profession. Every one admits that the medical organization of Saxony requires indispensable reforms, which doubtlessly will be carried into effect before long.*

In Hanover physicians can only establish themselves in an indefinite number in the large towns; the number is limited in places where the population is below 4,000 souls. No physician can establish himself in a locality without having previously announced his intention to the local authorities, and having obtained permission from them. Those only are recognized practitioners who have completed the *quadricinium academicum*, and who have passed their examination before the committee of the Staats-examen, at Hanover.†

According to the existing regulation, medicine and surgery constitute two distinct branches of the healing art. The law recognizes two classes of surgeons: 1. Surgeons not restricted in the exercise of their profession; and 2. Those who are restricted. The former have gone through the complete course of university studies, and are doctors in medicine and surgery; the latter are required to have studied only three years in an university or a surgical school; they are not allowed to treat any other than some surgical diseases mentioned in the

* The University of Leipzig contains the following chairs of titular professors in the faculty of medicine:—Anatomy and physiology, (Weber); clinical medicine, (Clarus); midwifery, (Iverg); psychology, (Heinroth); medical jurisprudence, (Wendler); pharmacy and medical chemistry, (Käher); pathology and special therapeutics, (Cerutti); general pathology and materia medica, (Braüne); special pathology, (Radius); surgery and clinical surgery, (Günther); history of medicine, (Kneschke).

† There are nine professors' chairs in the medical faculty of Göttingen:—Anatomy and clinical surgery, (Langenbeck); pathology, special therapeutics, and clinical medicine, (Conradi); general pathology and therapeutics, materia medica, and history of medicine, (Marx); Midwifery and medical jurisprudence, (Siebold); accouchements and diseases of women, (Osiander); comparative anatomy and medical zoology, (Berthold); physiology, (Wagner); clinical medicine and syphilitic diseases, (Fucks).

official list, and are absolutely prohibited from practising medicine.

All sensible men, and those whose authority is incontestible in similar matters, desire the immediate suppression of this subordinate order of practitioners, the establishment of which rests upon a distinction between medicine and surgery, which is at least exaggerated.

The University of Jena is maintained by the combined contributions of the duchies of Saxe Weimar, Saxe Coburg, Meiningen, and Altenbourg; the grand-duke of Weimar contributing 36,000 dollars; the others from 4,000 to 5,000 each.

The medical faculty of Jena, of which the professors are doubtless men of the highest merit, is one of those which the practical studies, especially surgery, are the most defective, which is to be ascribed to the insufficiency of the clinical hospital, the two divisions of which for medicine and surgery contain only forty-two beds, which, moreover, are generally not all filled.

Dr. Hoeffler observes, that medical schools ought to be established in those towns only which supply a great number of patients for the instruction of pupils. This is the reason why the medical schools of Paris, London, and Vienna are so superior to the others as regards practical studies.

Conclusions. The medical organization of Germany differs from that of France—

1. By the institution of an hierarchy completely distinct from the instructing body, and consisting of public medical functionaries salaried by the state.

2. By the institution of a committee of examination, (Staats-examen,) which alone confers the right of practice, and reduces the degree of doctor granted by the faculties to a value purely honorary.

3. By the limitation of the number of practitioners according to the wants of localities. (Bavaria and Hanover.)

4. By the organization of university instruction.

5. By the establishment of different orders of practitioners.

MEDICAL HIERARCHY.—The institution of medical functionaries is of very ancient date, and is maintained intact in all the states of Germany—even in those whose financial resources are very limited.

STATE EXAMINATION.—This would be superfluous in France, —in Germany it is necessary; the state must there control the university studies, which are in general somewhat neglected. The different examinations which students undergo in the French faculties are sufficient to supersede the state examination.

ORGANIZATION OF UNIVERSITY STUDIES.—The accessory sciences are taught in Germany by the professors of the faculty of philosophy, whose class the candidate for the medical diploma must attend for one or two years.

During the whole course of medical studies the student is not subjected to any official examination; he has full liberty both in the choice of the lectures which he attends, as well as in the employment of his time; and the examination for the degree of doctor is often but a pure formality. The state examination remedies this deficiency.*

The theoretical studies which form the *learned* physician are more full and complete in the former faculties of medicine than in those of France, which are still deficient in chairs of the history of medicine, of micrography, and of comparative anatomy and physiology. But on the other hand, the clinical studies which form the practical physician, are more defective, which depends upon the vicious organization of German hospitals.

Hospital physicians and surgeons in Germany receive salaries, as do also the clinical assistants who reside in the establishments, (the latter about 400 florins annually). Visits are

* In some of the German states, however, the private examinations are sufficiently strict.

made daily in the morning by the principal; the medical and surgical professors restricting theirs to the clinical wards, to which the more serious and instructive cases are transferred, the others being left chiefly to the care of the assistants. Clinical discourses and examination of students by the professors (sometimes in Latin) take place at the bedside. The medical appointments are for the most part dependent upon the administrative committee. Professorships are not decided by *concours*.

The ordinary professors deliver both public and private courses, the former being generally gratuitous or nearly so; the latter being the most important, for which students pay. (Each course—of half a year—costs at Berlin two louis-d'or, three lectures being delivered every week.)

MEDICAL ORGANIZATION OF ITALY.

The following account, which I published some months ago in the Medical Gazette, is chiefly translated from the Italian edition of M. Combé's work, "Della Medicina in Francia e Italia;" with notes by Professor De Renzi, which enters more fully into the subject than I have done in my work on the "Continental Medical Institutions."

The direction of medical affairs in Italy is more or less under the superintendence of the respective governments. In some instances the various administrative acts relating to the public health emanate directly from the minister; in others, from a commission or magistracy; or from an individual distinguished by his superior attainments and knowledge. Such are, on the one hand, in Piedmont, the supreme and royal direction of public instruction; at Parma, the grand master of the University; at Rome, the holy congregation of studies, presided over by an arch chancellor; at Naples, the junta of public instruction, with an archbishop at its head; on the other hand, there is the *proto medicato*, as at Genoa, Turin, Milan, and in Tuscany.

The practice of the healing art is divided in Italy among different kinds of practitioners, who have each a separate office. In the first place there is the physician, who, after attending five or six years in the faculty of physic, and after serving two years as assistant in the clinical ward of an hospital, obtains the right to practise. Next, is the surgeon, who after four years of studies analogous to those of the physician, and after a certain period of trials and special studies, is considered capable of dedicating himself exclusively to the operative department. Afterwards comes the phlebotomist, who is restricted to the lower department of surgery, and corresponds to the *officier de santé* in France.

In the second order are the apothecaries, (*farmacisti*), upon whom are imposed several conditions of guarantee and of capability, including the deposit of a sum of money, (about 4,000 francs;) the midwives, oculists, dentists, and those whose business is restricted to bleeding, the application of leeches, blisters, cupping, &c. The druggists and herbalists form the lowest steps of this medical ladder.

The *protomedicato* constitutes a particular magistracy formed of a medico-chirurgico-pharmaceutical council, presided over by a chief who has the title of protomedico. It is composed of an equal number of physicians, surgeons, and apothecaries, and holds three sessions annually; one of medicine, one of surgery and obstetricy, and one of pharmacy.

The principle of the protomedicate, as organized by a regulation of the King of Piedmont, dated the 16th of March, 1839, rests upon the direct and legal superintendence of all those who practise medicine or surgery, wholly or in part, and the veterinary art; in order that each of the members of the medical corps should restrict himself within the limits of the department of the profession for which he has received a qualification.

The attributes of this body are still more clearly defined by a decree of Maria Louisa, Duchess of Parma, as follows:—

1st. To decide upon the capabilities of those who seek to be admitted to practise any of the branches of the art of healing; as also to judge of the degree of knowledge of those already possessing a diploma.

2nd. To maintain discipline among these latter; to censure, and to punish them when requisite.

3rd. To prevent, and to reëconcile, the disputes which may arise between physicians, surgeons, &c., regarding the rights of their respective professions.

4th. To obviate grounds of complaint on the part of patients; to approximate to each other the discordant parties; to punish those of the medical body who are guilty of an infraction of the regulations; but solely in those respects of which the ordinary tribunals cannot take cognizance.

5th. To express an opinion with regard to the pretensions and the compensation of physicians, surgeons, apothecaries, and midwives.

6th. Lastly, to watch that each individual exercise his profession in a legitimate manner, and according to the regulations.

Before granting the *exerceat*, the protomedicate requires, in addition to the other certificates, that the physician should give proofs of his competency at the bedside of three different patients, by examining, and writing the history of the diseases, indicating their causes, symptoms, progress, diagnosis, and mode of treatment; that the surgeon should perform two operations upon the body—at three different times; and that the apothecary should make up eight preparations, or pharmaceutical compositions.

The preceding account sufficiently shows the difference between the protomedicate of Piedmont and that of Parma; the former is simply a magistracy of police destined to prevent usurpations, and to keep each one in his proper place: the latter is at the same time a directing body, for the more efficient prosecution of studies, and affords a guarantee that the

knowledge of members has been attained in the bosom of the faculty.

A central royal vaccine institution is established in the capital, composed of ten ordinary members, and two super-added, who have under their orders twelve ordinary vaccinators, and as many extraordinary; as also six *employés* for the correspondence. Each vaccinates gratuitously at his residence daily. Every three months vaccine virus is sent to the provinces, from the ministry of the interior, and its receipt in a good state is acknowledged by the provincial vaccinators. The children vaccinated must be brought several times to the vaccinators, in order to ascertain that the effect is produced.

Vaccine commissions exist in the chief town of every province and district; which are bound to act according to the instructions transmitted to them, and to endeavour to diffuse the propagation of vaccination in their respective localities.

All *employés*, and those who live at the expense of government, must have their children vaccinated. The clergy are charged to preach to the people respecting the usefulness of vaccination, and the duty which is imposed by God and the king upon each father of a family to preserve by its means the lives of their children.

The vaccine junta of each district causes midwives to be instructed and convinced of the utility of vaccination, and obliges them to promote its practice as much as possible. The junta meets every month to ascertain that its regulations are obeyed, and in what degree vaccination has prospered or has declined.

As in Germany, so also in Italy, there are communal and provincial physicians. According to the report of M. Cerfberr, who undertook a journey by order of the minister of the interior of France, for the purpose of investigating the state of the medical organization and institutions of Italy, there are in the

pontifical states 800 communes, each of which has its physician and surgeon, who are paid in proportion to the richness of the commune, its extent, and population; the salaries varying from 150 to 250 Roman crowns. The appointment is held for a year, at the expiration of which the council meets to decide as to whether the same person should be continued or dismissed. In the latter case the vacancy is publicly announced by inviting competitors to present themselves, from whom the council selects a successor. This is entirely an affair of the commune; the government does not interfere. All the inhabitants, when ill, have a claim upon the gratuitous assistance of the district practitioner. These appointments are a good deal sought after as being a recommendation to patients who can afford to compensate in a becoming manner. M. Cerfberr states his opinion that the existence of these communal practitioners is much more happy than that of most of those in France, who are collected in too great numbers in towns, where they interfere with and injure each other, without profiting science or humanity; while in many other localities there is a deficiency of practitioners, from their not separately affording the means of subsistence which a physician might obtain from three or more communes combining to avail themselves of his services.

MUNICIPAL PRACTICE IN LOMBARDY.—The sanitary-administrative organization in the kingdom of Lombardy rests upon a councillor-protomedico; then come the physicians of delegation, the district physicians, and the municipal physicians.

The councillor-protomedico is equal in dignity to the other official councillors in Austria, holds his administration in the same government palace, has a vote in the central assembly presided over by the governor and the Aulic councillor, even when other than medical matters are treated of; and once a week he submits to the others the consideration of those matters which relate to the public health. His propositions, like those of his colleagues, are admitted, modified, or rejected,

according to the majority of votes. The orders issued from the cabinet of the protomedico, termed the minister of public health, are executed when countersigned by the governor. He presides over all affairs which relate to the economical and sanitary administration of the hospitals; maintains the regulations and the discipline of the studies which refer to the exercise of medicine, surgery, pharmacy, and the veterinary art; watches over the service during the prevalence of epidemic or contagious diseases; regulates the nominations, promotions, rewards, and punishments of the medical body, the proper maintenance of the cemeteries, and, in fact, upon him depend the guarantees for the health and physical well-being of the population.

For the expedition of affairs, the protomedico has at his disposition a secretary, vice-secretary, veterinary superintendent, and several assistants. He has a salary of from 6,500 to near 8,000 francs annually, exclusive of other emoluments (which may amount to 1,000 francs). The secretary and the vice-secretary are paid like those of the other ministers.

The territory of Lombardy is divided into nine provinces, of which each possesses, in its chief town, a royal delegation, destined to watch over and provide for the interests of the district, and of the dependent communes. Attached to each delegation is a *medico-reale*, who enjoys similar privileges in the province to those of the proto-medico in the capital—being next in rank to the royal delegate, to whose authority he is subordinate, and by whom his orders must be countersigned. Next to the *medico* is the *chirurgo-provinciale*, who possesses the degree of doctor, but is dependent upon the former; his office is more particularly to supply the place of his superior while he is on his annual tour of inspection of all the public medical establishments, and of all the pharmacies within his district. The *medico-provinciale* has an annual salary of 1,500 francs, and receives besides 36 francs for each pharmacy which he visits. The surgeon receives 1,000 francs

a-year. The assistant has no salary, but the expectation of an appointment, or a lucrative promotion.

The district physician is selected from among the great number of those who are residing in the subdivisions of each province. His office is to encourage, and to practise vaccination in the communes of his district. He is applied to in preference in cases of urgency, of public calamities, or of orders emanating from the supreme authority, and receives an annual recompense. The *medico-chirurgo delegato* is chosen and nominated by the majority of votes of the magistrates of one or more places, subject to the approval of the royal provincial delegation. His business is chiefly the treatment of the poor of the villages or boroughs; but although he is obliged to attend and treat all the poor sick of the communes by which he is paid, he need not refuse his assistance to richer patients when consulted by them; he must inform the delegation of all the medical cases which present an epidemic character; it is, moreover, his business to inform the authorities of all unqualified persons who may attempt to practise medicine, surgery, or obstetricity. His salary varies according to the extent of the commune, the number of poor and rich inhabitants, the fertility, and consequently the richness, of the country: it may be estimated at from 800 to 2,600 francs; to which must be added the profit derived from the treatment of, or operations upon, those patients who are above a state of indigence; these amount, in some localities, to 4,000 or 5,000 francs, or upwards.

In many places the chirurgical administration is distinct from the medical; there are then two individuals occupied. In other parts, a public service of obstetricity is annexed, for rendering assistance to poor women in labour. The obstetrical medico-chirurgical administration is differently organized, according as it applies to the poor of the town or in the country. Of the former, those who cannot be sent to the hospital are visited gratuitously in their houses by practi-

tioners termed *medici della corona reale*, who attend in different parts of the town, and receive a salary from the hospital funds.

The *medico municipale* exists only in communes of the first class, and his office consists in visiting public women, and houses of prostitution. The tribunals and the theatres have also their physicians, who have to give certificates in cases of disease, to verify the commission of criminal acts, draw up reports, &c.

In the Austrian territory, there are, says M. Cerfberr, — 1st. At the head of the administrative hierarchy the privy council, consisting of but a small number of members. It corresponds in great measure to the French council of state.

2nd. The aulic council, which is the council of state under the Austrian domination.

3rd. The provincial government, consisting of a certain number of provincial councillors, who assist the governor.

4th. The delegation, which corresponds to the prefectorial administration in France, and is in direct relationship with the provincial government.

These councils, thus placed in regular gradation one above the other, are composed of persons charged with the different branches of the public service, so that there is always a physician and an ecclesiastic, a member to superintend the public buildings, another for commerce, &c. As regards the physician, he is exclusively concerned in matters relating to his art, so that the medical privy councillor is conversant with the medical affairs of the empire; the medical aulic councillor superintends the medical affairs of the state over which the council presides; the medical member of the provincial council has to see to the medical matters of the province, and the one of the delegation to those of the department.

There is besides a physician for each district, and also communal physicians. The district physician superintends

the medical service of the communal practitioners, and transmits to the physician of the departments information respecting the sanitary condition of his locality. Public buildings, cemeteries—in as far as health is concerned—and matters of hygiene come within his province; and as does also medical jurisprudence, as regards accidents, crimes, &c.—a surgeon is placed under his orders. The physician of the department transmits the information which he collects to the physician of the provincial government, if it be of sufficient importance; and thus the knowledge of matters ascends to the medical privy councillor, who is, in fact, the medical minister in Austria. Thus all matters relative to the science, the superintendence of the practice of medicine, the sale of drugs, instruction, the nomination of medical practitioners, &c., are regulated by this extensive administration. The nominations of communal or district physicians are decided partly by the method of concours, and offer a ready resource to young practitioners at the outset of their career.

The physicians, members of the different councils, necessarily participate in all the labours of the council of which they form a part, and thus concur with their colleagues in all the operations of government. These honorable and influential positions present a powerful stimulant to ambition, as the physicians who form a part of the administration may arrive at any of the superior degrees by passing through the inferior ones. The communal physician may aspire to the office of district physician, and so on; but the medical provincial councillor can no longer practise medicine, as he is sufficiently paid by the state, which requires his time to be wholly devoted to the duties of his position.

UNIVERSITIES.—Considered in an abstract point of view, each university presents itself to the observer under a twofold aspect—as an academical body charged to watch over the progress of science, and as an instructing body occupied in diffus-

ing knowledge according as the populations are adapted to receive it. At Genoa, and at Turin, a supreme direction of public instruction, termed *Magistratura della riforma*: in Tuscany, a college of Doctors: in Lombardy, an Aulic Councillor, directly commissioned from the government of Vienna: at Rome, the *Sacra congregazione degli studi*: at Naples, a Junta; at Parma and at Modena, a Grand Master: such are the authorities which bind the universities in Italy to the government. Being moral or political, they offer, in this respect, a great difference with the Royal Council of Public Instruction in France, which is composed of men purely special: their office, as stated in the ancient and modern regulations, consists, as is expressed in those of Turin, in taking care that nothing is publicly taught but sound doctrines, not opposed to religion, or to the rights of the king: hence with them rests the appointment of professors and the direction of the studies. Primary, secondary, and superior instruction—all is dependant upon them. The members of these institutions have never themselves belonged to the professorate; not one of them is a theologian, jurisconsult, physician, or mathematician, in the strict acceptation of the term.*

At Genoa and Turin, the president of the magistratura may be truly regarded as the minister of public instruction. He receives his orders directly from the king; these are transmitted by brevet, by letters patent, or *viva voca*; in the two former instances, they are countersigned by the minister of

* This may be the case in some states, but it is denied by Professor de Renzi with respect to Naples, where the Junta of Public Instruction has not merely the mission of superintendence of public *morale*, but has the care and direction of the studies, and proposes to government the requisite reformations or alterations of the course of instruction. Its members are selected from among the professors of the different faculties, those being preferred who are distinguished by talent, probity, long experience, and public approbation. Hence the Junta is composed of theologians, jurisconsults, physicians, mathematicians, and *litterati*, being in fact very analogous to the French Council of Public Instruction.

the interior. In other parts of Italy the President of the Commission of Instruction works with the head of the state ; but as the president (a worthy representative of the commission itself) does not possess special knowledge sufficient to consider the wants of instruction in a practical point of view, these are for a long time passed over, or badly understood ; the position of the professors does not appear to be sufficiently elevated for them to be called to take part in the direction of matters of which they ought to be the legitimate judges. The members of the Grand Council of Studies belong to the higher orders of society.* A high name is required from them, rather than talent and experience. What has been said of the directing principle of the Italian universities is applicable in great measure to their purely professional character, which varies in different countries ; for although each university usually comprises four divisions, viz. theology, law, medicine, and the belles lettres, there are some (as at Pavia) in which the first of these faculties is not joined to the other three, inasmuch as in Lombardy the political is separated from the religious powers in some respects : on the other hand, at Genoa, Modena, Rome, the Catholic authority and instruction predominate ; while in Tuscany, the different branches of the healing art have an evident supremacy. In the University of Genoa the faculty of medicine and surgery ranks after the faculties of theology and jurisprudence ; its doctors, masters, members of colleges, or professors, hold a subordinate position in society. Restricted within the limits of their humble and but little lucrative condition, none are called to fill public offices unless immediately within their speciality. It was regarded as a circumstance without precedent, that Dr. Scassi, who was *prefet* of Savona under the empire, should have obtained, in 1814, the title of count, and should have been appointed syndic of the city of Genoa.

* This is not the case at Naples.

The result of this state of things, and the consequences of the low estimation in which an entire class of the population is held, are sufficiently known. This class isolates itself from the rest, and all its habits and acts form a continual protest. Thus, when an extraordinary danger presents itself, or when it becomes a question to make head against a common enemy, or one of those circumstances occurs in which honour alone can retain men at their post—as a disastrous epidemic, a pestilential fever—the physicians will refuse to join themselves to those who would not admit them within the pale of social fraternity. For this reason the greater number of the Genoese practitioners left the city on the invasion of the cholera.

The divisions generally adopted in instruction are, anatomy, physiology, pathology, practical medicine, surgery, materia medica, medical jurisprudence, and hygiene; to which are added, as accessory, chemistry, medical physics, natural history, and pharmacology; thus forming twelve professorships. In Italy this number is in some places greater; in others it is less: thus in Piedmont and in Tuscany the faculty of medicine has only ten professorships; in Rome and Bologna there are eleven; fifteen at Pavia, and eighteen at Naples. At Florence and Pisa descriptive anatomy is subdivided into human and comparative anatomy; and at Pavia microscopic anatomy is added. In the latter city, as also at Naples, theoretical and practical ophthalmology are joined to surgery. In the faculties of the Austrian states, and in Tuscany, the principles of the veterinary art are taught. Here, likewise, is a professor for the history of medicine.

In many towns of Italy there are secondary schools of medicine, but they have not the same degree of importance as in France, and their courses of instruction are very circumscribed. In some parts, more especially in Tuscany, the theoretical studies are separated from the practical. The examinations take place at Pisa and at Sienna, where the title of Doctor is

conferred; but the cliniques are at Florence, and these must be followed two years before the *exerceat* is granted. Lectures on other branches are also given at Florence, as well as the clinical courses in the hospital of Santa Maria Nuova.

Of the different examinations required in a faculty of medicine in Italy one alone is public, viz. that of the discussion on the thesis, to which the same form is given as in the French schools, except at Bologna, at Rome, and at Modena, where it consists in a simple programme of questions without any dissertation. All the other trials take place with closed doors, before four examiners and a president, who has the casting vote, but does not examine. Each professor examines upon the subject-matter of his course, the questions being drawn by the secretary. The examination takes place in the Latin language. Each examination lasts three hours; at the expiration of which the candidate retires previous to the formality of admission or rejection; to decide upon which each examiner has three balls, a white, a red, and a black one. The first represents three favourable points, the second two, the black ball signifies only a negative vote. Ten points are required for the admission of the candidate. If the number be less than this his rejection is pronounced: this frequently occurs, and the rejected student is adjourned (*aggiornato*) for a year. In Piedmont a second rejection incapacitates the candidate from again presenting himself for examination.

The most ancient trace of the organization of universities in Italy is to be found in the denomination of the different grades. Thus, at Pavia, that type of the ancient universities, a man who possesses the title of rector, rector magnificus, has the direction of the studies, and the superintendence of the *personel*. The same rank also exists in Piedmont, and is directly conferred by the king: at Rome a rector is appointed by a delegation of the college of consistorial advocates, and is confirmed by the pope, whereas at Naples this office is about to be superseded by that of the President of the Central

Commission; and at Parma, there are substituted for it four *Priori*, each having the superintendence of a faculty. In Tuscany, after the Prince, there exists a sub-intendent, a purely administrative functionary, who is represented at the head of the different faculties by a *Preposto*, usually selected, like the rectors, from the professors, who, however, take no part in his election. He holds the office for one or two years, as in Lombardy, where there are besides an academical councillor, a director of the studies, the deans of the faculties, after whom come the professors.

It may be affirmed that, in general, Italy has not bestowed upon these latter any of those honours formerly so prodigally lavished upon her poets, painters, musicians, and sculptors; abased almost to the rank of simple handicrafts, regarded as men who make a trade of science, the members of the faculties are but little esteemed in the world—at least as such. In Piedmont, the professorship is acquired without competition; the king appoints an individual on the presentation of the supreme delegation of the studies, which may afterwards displace the person whom it has caused to be nominated; no guarantee is previously given to the professors, no legal protection is assured to them; they exist entirely dependent upon the good pleasure of others without any resource against injustice. Such a position is more painful, more precarious and uncertain, than that which is said to have been the lot of public functionaries in France at the time of the great revolution.

The following is the mode in which professors are nominated in Lombardy:—

When a chair becomes vacant the Austrian governor is informed of it. Immediately the Proto-medico of Vienna transmits a series of questions, which are proposed to the candidates. When these are answered with all the precautions indicated by the *concours*, isolation, surveillance, a fixed period, &c., they are sent to the university (Pavia or

Padua) where the vacancy does not exist, with an epigraph, or other conventional sign attached to each memoir, in order that the author may remain unknown to the judges, who pronounce their decision on the memoirs, and class them according to their merit; the names of the three first candidates thus recommended are submitted for the royal sanction, and there is not an instance of the person whose superiority has been declared by the university decision failing to obtain the vacant post.

The salary of professors in the schools of medicine in Italy varies greatly. In some faculties it amounts to upwards of 5,000 francs, whereas in others it is not more than 500 or 600. In Pavia, the three professors of clinical medicine, clinical surgery, and general pathology, receive each 5000 francs a year; the professors of obstetrics, chemistry, special therapeutics, ophthalmology, human anatomy, and physiology, have 4,600 francs; those of natural history, or of medical jurisprudence, 3,900 francs; those of botany, and the veterinary art, 2,600. At Genoa the professors of medicine and surgery receive a fixed salary of 1,333 francs; a sum of 600 francs is granted, in addition, to the professors of clinical medicine, anatomy, and materia medica, for the right of examination; the other professors have somewhat less for the same right. Each professor has a retiring pension, after fourteen years' service, equivalent to half his salary; this is increased a fourteenth every year, so that in the twentieth year it amounts to the original sum: this plan has the advantage that when an individual is advanced in life he has no interest in occupying a post to which his powers may be unequal.

At Naples the professors of all the faculties have an equal salary; for the first year, 400 ducats salary, and 200 gratification, (total, 2,600 francs); in the second year the salary is increased by 100 ducats: the directors of the clinics and of the cabinets have besides 4,000 ducats a year.

In the university of Naples there exists a dean for each of

the five faculties. The office is held for two years. The college of deans consists in the meeting of the whole five, for the purpose of proposing improvements in the courses of instruction, and for the maintaining the discipline and general regulations. This college examines every three months whether any abuses have been introduced into any part of the service. At the head of the university is a rector, chosen from among the professors, and holding the appointment for two years. He presides over the college of deans, watches that the professors perform their duties, prevents and rectifies disorders, is present at examinations, keeps the great seal of the university, which he represents upon public occasions, convokes the faculties for the examinations, and receives the oaths of those who are admitted members of the faculties. He is, moreover, bound to render a strict account of the university to the President of Public Instruction.*

Professors in Italy, when absent, or from other causes incapacitated for a time from performing their duties, are supplied with a substitute, who in Lombardy is selected by the professor from a list of three names, and the nomination is confirmed in Vienna; the office being held for a year, or at most two years. In the Pontifical States, each faculty has a substitute attached to it; that of jurisprudence has, however, two; they are elected by concours, and have a legal right to the first chair vacant in the faculty to which they belong. In Naples each professor has his substitute, who is elected by means of public competition, (concours), which is as severe as that for the professorship; they receive some compensation, and their title gives them the preference in the concours for the office of professor. In some places, when a professor cannot continue his lectures, intimation of the circumstance is sent to the substitute by the Prefect of the Studies, who notifies to him the method which he is to follow, as established

* Professor de Renzi's notes.

by the professor whom he represents. Thus he is obliged to restrict himself to a mere repetition of the text of another. This inferior grade of the instructing body is not merely established for the purpose of providing against an interruption of the courses, but is sometimes, as in Piedmont and in Tuscany, charged with the examinations; and this, in point of fact, is the proper office of the College of Doctors, who are analogous in some respects to the *agregés* of the French faculty; but their rights are more restricted, and they are not allowed to give private courses of lectures. The doctors of the college are eighteen in number; twelve in medicine, and six in surgery. The possession of a diploma, and a certificate of two years' private practice, are the conditions which give a claim to admission as a doctor of the college; the selection from the claimants depending upon the other titles which they may possess—the works they have published, or the services which they have rendered, of the value of which the supreme deputation of studies usually pronounces on the attestation and warrant of the professors. In some instances, however, the king directly appoints individuals as members of the college; thus Doctors Viviani, Silvestri, and Campanella, were admitted into the college at Genoa as a compensation for their services during the cholera.

From what has preceded, it may be perceived that in Italy elections in the instructing bodies are determined more or less by the method of concours. At Naples, the archbishop, in his project of reform, has proposed a new combination of the two methods, (concours and nomination,) viz. the opening of one of these scientific contests in all cases in which the estimation of the titles of a candidate would not evidently entitle him to be nominated at once. In every other case a marked tendency exists for the adoption of this mode of election in its most absolute sense.

The concours, it is said, prevents the entrance into the list of candidates of men of real and recognised merit, especially if they have arrived at a certain age, because such would not enter into a contest with young men without fixed position or reputation, and who have nothing to lose by failure.

To proclaim the concours as a perfect institution is to accord it a merit which no one would grant it; consequently one need not be surprised that its warmest partisans admit the abuses which may accompany it; and the valid grounds of some objections, as, for instance, that above cited; but, on the other hand, what advantages does it not present? Foremost among these advantages may be mentioned the consecration of the principle of equality before the law, which principle has its application in the present instance by the admission of all those who possess a diploma; each individual in this manner alone, and without any other protection than his personal merit, without any other support than the confidence which a well-followed course of studies supplies, has afforded to him the opportunity of coming before the public, and making himself known; whereas, if this opportunity were lost, he would have remained unknown and lost among the crowd. On the other hand, the trials should impose the obligations of exhibiting spontaneity or erudition, which two-fold end is obtained by means of improvised discourses and writings. It may be said that a facility of language (that sort of *prestige* which cannot be sufficiently guarded against) would often enable ignorant but audacious presumption to silence and eclipse modest and timid erudition: and this reproach might be allowed to be just, if the persons called upon to judge upon the respective merits were not by their position guarded from the influence of a similar seduction. Those accustomed to the practice of teaching, being obliged every day to give to things a higher value than that of words, are readily able to discern in a candidate the groundwork and the form—the intimate

knowledge, and the manner—the principal and the accessory. Hence, there is no fear of their being deceived, because none better than they know how to distinguish between the mere readiness in speaking, the habit of expressing without logic or synthetical ideas, from the ready eloquence which is the consequence of a good method of philosophizing.

It would, however, be wrong to undervalue the power of language, as regards teaching: here, it is not sufficient to know, but it is likewise requisite to be able to explain the ideas, and to divulge the knowledge acquired in the silence of the closet; and how can the best informed fulfil this condition if he does not possess the full gift of speech? This likewise applies to the precious faculty of expressing one's thoughts with the pen; a professor should possess some of the qualities of the literary man:—the phrase of Buffon, *the style shews the man*, is specially applicable to him; the written proofs of the concours indicate beforehand the form which the professor would give to his lectures, at the same time that they supply a manifest evidence of his intelligence and erudition. All these advantages are united on the occasion of the thesis, which is also a solemn circumstance in which the candidate shows himself in the fulness of his individuality, and in which is revealed his mode of thinking, speaking, and writing.

There only remains to reply to the objection that youth may deter those of maturer age from offering themselves; that rising talent may eclipse merit in its force and power. These assertions are partly true; hence they must be taken into consideration, but as exceptions, and only because in every case the exception confirms the rule.

It will be readily understood that some scientific and celebrated characters would not risk themselves in the honourable, but always difficult, trial of the concours, and expose themselves to the uncertainty of the result to which it may give rise.

It must also be remembered that eminent men, these exceptional persons, are produced much more easily when they already belong to public instruction: the professorship, in procuring for them a higher reputation, impresses upon them the duty of increased knowledge, and greater obligations; publicity becomes at the same time a guarantee and a means of emulation.

The following are among the propositions made on the subject of elections by Signor G. Mazetti, President of the Public Instruction at Naples:—

“The titles in virtue of which professorships might be directly conferred, shall be—1st, the works, and the productions which have been received favourably by the public, or approved by some celebrated academy; 2d, a service relating to instruction, in which proof has been given of knowledge and zeal; 3rd, the trials of a former concours for a professorship of the university; 4th, literary avocations exercised honourably and ably in the public service.

“When a chair becomes vacant in the royal university, the President of Public Instruction shall announce, by means of advertisements in the journals, and at the university, that the selection is about to be made, in order that each candidate should send in his name and claims within the given period.

“The candidates’ names having been collected, the president, and the commission charged to pronounce upon their morality, shall examine the claims of each, according to the preceding regulation; they shall then make a list of those who are eligible to be presented to the minister and to the king, indicating opposite each name the chief reason of their choice.

“If his majesty should not think proper to appoint any of the persons proposed, the concours shall be opened, to which the proper candidates shall be admitted.”

STUDENTS — DISCIPLINE — EXAMINATIONS. — The Archbishop of Seleucia says, in his project of reform, “the cele-

brated Antonio Canova was indignant at the sight of so great a number of young men brought up to the art of sculpture, saying, that the great number of them obliged to exist upon their own resources could neither be of service to the art nor to society.

“Society requires only a given number of philosophers, physicians, lawyers, &c. because it cannot support all those whom an inconsiderate caprice impels into these different directions. Consequently, individuals on leaving the scientific institutions (with the exception of a limited number) are exposed to the want of bread; they annoy the governments by repeated solicitation of employment and assistance; but they do so in vain, for it is impossible to meet all the exigencies thus occasioned. In this manner, having from their infancy unadvisedly chosen their profession, they find themselves exposed to pass their days in neglect and misery, dissatisfied with themselves and with others. If to these considerations it be added, that many of them are not adapted to acquire a high reputation, and a position with respect to fortune corresponding to their literary education, it may easily be perceived to what dangers society is continually exposed, and what bad services it may expect from these young men with scanty knowledge and fortune.”

M. Combes observes, “These reflections, made with reference to Italy, will likewise be just when applied to France, inasmuch as that which in Italy is expressed as a means of prevention is already verified in France by the course of events. The principle of political equality, which is serviceable as a barrier against the pretensions of the old aristocracy, by penetrating into the modes of education, has produced a general change in the classes. With a little Latin and Greek in his head, a little mental activity, with the instances before him of rapid fortunes, the fruits of talent or audacity, each one has thought himself predestined to an exceptional position, and has thrown himself upon the public, seeking everywhere

a stepping-stone wherewith to raise himself above the multitude. There is now no restraint as formerly, no direction of the government since 1830, in consequence of the adoption of the sovereignty of the people as an axiom of public right; no intellectual vocation, because the system of instruction renders every man fit for every thing, and is conducted in such a manner that he is not particularly fitted for anything. There is, then, no reason to be surprised that this overwhelming torrent should break through the defences raised by the authorities, and that it should threaten not only the political constitution, but also the social existence in its more important foundations. It was estimated a few years ago, that of 35,000 pupils in the small seminaries of France, 5000 only were destined for the priesthood. Thus (it was said) there are at least 25,000 individuals (even admitting that many of them were in a certain position with respect to fortune) cast every seven years upon the secular part of society, half-instructed, and ready to encumber the schools of law and medicine, which are their only refuge against starvation, because none of them would return to the plough from whence he was taken.

After these statistical calculations, come epigrams, more or less witty, of lawyers without clients, doctors without patients, masters without scholars; which calculations and epigrams might be translated as follows;—either public instruction is badly distributed, or the students arrive in the faculties with too scanty guarantees for the security of society.

In the faculties of Piedmont, inquiry is made with respect to the position of the student's family, the means which they possess, and the avocation of the father. The *magistrati della riforma* are likewise enjoined not to admit persons of low extraction, or inferior condition, to the acquisition of academical degrees, unless they have exhibited proof of more than ordinary talent. It may be questioned whether the magistrate has been often obliged to exercise this right of exclusion, because the neces-

sary pecuniary sacrifices required for university studies would mostly suffice to retain in industrial avocations those who might otherwise be tempted to leave them. In order to prove this fact, it will suffice to indicate the number of students in each university, as compared with the population of the different states.

Pavia and Padua, the resorts of students of the Austrian territory, not only as far as the Adriatic, but even to the district to which the influence of Vienna extends, have never exceeded—the former 900, the latter 1800 students; of whom 450 of the one, and 600 of the other, were medical. Besides, there has been a considerable diminution in the number of late years. Padua, especially, has seen the *personel* of its faculty diminish in a most discouraging manner.

The number at Bologna had not exceeded 500 (of whom 150 medical.) Pisa has generally had from 600 to 700 students (about 200 medical). In the last-named university the communes of Tuscany maintain 100 students gratuitously.

Students in Italy, once admitted to the university, are free to live in whatever part of the town they please, except at Modena and at Naples. In the former they all live in an establishment which depends upon the government, each paying thirty francs a month for his board and lodging.

At Naples, the government founded, about thirty years ago, a kind of pensionate for 100 students, in order to improve the study of medicine, and at the same time as a means of preserving the youth from the corruptions of the capital. For a moderate annual contribution they receive instruction, board and lodging, are subject to a regular discipline, and are under the direction of the junta of public instruction. Their professors, elected by concours, are regarded as substitutes in the faculty of medicine. They wear an uniform, and are admitted only after an examination in Latin and in literature. Five years are allowed them to take a degree in the medical or sur-

gical profession ; at the same time they improve themselves in languages, mathematics, and philosophy.

The administration of this establishment is confided to a special commission, and the instruction to eighteen professors, assisted by six inspectors of the studies. At the expiration of each year the pupils undergo a public examination, under the direction of these latter. Any one may interrogate them, and if they answer successfully they pass to the superior grades, and receive the diploma of the faculty: the most distinguished of them, after five years' study, obtain the *Laureat*, without paying any fees to the University, as a recompense for their conduct. It is, in fact, a kind of polytechnic school of medicine, as a great number of individuals from the Medico-Chirurgical College are destined to supply the public services of the kingdom.

Besides this peculiarity, Naples differs from other cities in Italy and France in the circumstance, that, in addition to the university courses, private instruction has acquired a great developement, and the lectures of teachers surpass in importance those of the official professors. This liberty of teaching consequently produces a facility in collecting students into particular boarding-houses, which are frequently kept by the professors, or by persons selected or authorised by them. Students are, therefore, not left absolutely to themselves, but they are at liberty to change their master and lodgings whenever they please.

Students in Piedmont provide their own lodgings, but it must be in a lodging-house approved by their superiors. They are obliged to return home on the approach of night, in order to prevent them from frequently resorting to the theatres, balls, or public amusements. They are likewise prohibited from entering *cafés*, or other places where games of chance are played, under the penalty of losing fifteen or twenty days of their lectures.

The assiduity of attendance is proved by certificates given

by the professors every two months; who, moreover, devote one day of the week to directly interrogating them—thus the student cannot escape their vigilance. Every month the student must present a certificate of having confessed himself; this regulation likewise holds good during vacation. He is enjoined to receive the communion at least at Easter, and to attend on Sundays and holydays divine service in the oratory of the university, and in the presence of the professors of each faculty.

Students attend the medical courses in a prescribed order, which varies in different states, but of which that of Bologna may serve as an illustration.

1st year. Natural history, botany, chemistry, anatomy.

2nd year. Anatomy, physiology, comparative anatomy, institutes of medicine and surgery.

3rd year. Pathology, clinical medicine, materia medica, chemistry.

4th year. Pathology, clinical medicine, medical jurisprudence, midwifery.

During the last year, a certain number of patients in the hospital are placed under the care of each student, who is required to give an account of the cases, and of the treatment which he has adopted. Surgical students attend during the first and second years the same courses as the medical; but in the third year, instead of the above-named branches, those on the institutes of surgery, clinical surgery, anatomy, and dissections. Fourth year: medical jurisprudence, midwifery, dissections, clinical surgery, and have to perform operations on patients under the guidance of the professor. At the termination of the first year, students take the degree of bachelor; at the end of the second, of licentiate; and at the end of the fourth year, of doctor of medicine or surgery.

The mode of examination is as follows: five professors submit each to the candidate twenty different subjects taken from

his own course of instruction; the candidate draws one of these by lot, and is examined on that subject. He is then examined on five subjects connected with medicine. After the examination, each professor gives his separate vote as to the fitness of the candidate. Those who are not considered sufficiently qualified have to study another year.* At Naples, the period of medical studies is five years, the last two being chiefly passed in the clinics of the hospital. During this period there are three examinations, and at the termination a full examination, for which the candidate must write a thesis, (the subject being drawn by lot,) and defend it against disputants.

Ten or twelve is the usual number of chairs in the medical faculties for instruction in the branches of science. At Pavia, however, there are fifteen, including a chair of microscopical anatomy; and at Naples, eighteen. Clinical discourses and examinations take place at the bedside of hospital patients. At some Italian hospitals, as also at some of the German ones, physicians and surgeons change their wards every six months—the one who had the female taking charge of male patients, or *vice versa*.

Hospitals are generally well endowed in Italy, deriving their income in a great measure from the bequests and donations of individuals, which are frequently offered as a means of expiation; most of them are under the control of a director, who is invested with supreme power. The professors, medical attendants, and others connected with hospitals, receive salaries. Medical visits are made daily at an early hour by the principal physicians and surgeons, and frequently again in the evening by the assistants. Patients are admitted on application, and are for the most part attended on by *sœurs de charité*, with subordinate male and female attendants. In

* Observations on the Medical Institutions and Practice of France, Italy, and Germany. 2nd edition.

most of the large towns there are likewise charitable societies for affording assistance and medicine at the houses of the poor. In Tuscany, there are district accoucheurs, for attending poor women at their habitations.

IT will be at once perceived by those at all acquainted with the subject, that there exist material differences upon several points between the medical organization of England and of the continent; but none is more strongly marked than that of the absence with us of any directing body or superior controlling influence over the numerous universities and colleges of the kingdom, which are empowered to grant licenses to practice, independently of each other. This anomaly excites the surprise (which I have several times heard expressed) of foreigners who come to visit our institutions. In fact, the disadvantages of so defective a system must be apparent to the most superficial observer; and these are increased by the circumstance of the principal governing bodies having been self-elected, and having few or no interests in common with the great majority of the members of the profession. To these causes are attributable much of the confusion and want of unity so long prevalent; hence, also, have arisen the abuses which have been so loudly exclaimed against, occasioning an almost universal demand for reform. The comparatively isolated position, in England, of physicians and surgeons, (in the more restricted sense of the term,) as regards the general practitioners, upon whom devolves for the most part the charge of the health of the community, constitutes a peculiarity unknown elsewhere, which must render extremely difficult the adoption of any legislative measure having for its object the union of the whole under one head, and the effect-

ing those alterations in the present system which are so imperatively called for, inasmuch as whatsoever measures are proposed, much opposition, difference of opinion, and some degree of ill-feeling must be expected, according to the views or bias which different parties may be inclined to take ; for as a writer upon medical reform observed a few years ago, “ It may be said without fear of exaggeration, that few discussions have ever taken place upon any subject so expansive in its character as medical reform, in which the parties immediately interested have yielded so much to angry feeling, and have displayed so small a degree of mutual toleration.”* It is, therefore, extremely questionable if any proposition emanating from a small section of the profession would ever be likely to be received with general satisfaction. As the author of this pamphlet (now I believe out of print) has entered into considerable details respecting the earlier periods of the medical corporate bodies in England, and appears to me to treat the subject with impartiality, I take the liberty of submitting some of his statements to the judgment of the reader.

“ And why are signs of illiberality towards each other so often remarked among men of education and social dispositions? To volunteer an answer, in the spirit of frankness, may be hazardous—yet as its application will be general, and not restricted to a section or to individuals, I shall make the attempt—premising that I yield to none in attachment to my profession, or in respect for those gentlemen of the present day who have succeeded in elevating its character by their energy and talent.

“ The circle of medical practice in this country embraces three corporate bodies—namely, the College of Physicians, the College of Surgeons, and the Company of Apothecaries ;

* A Sketch of the Medical Monopolies, with a Plan of Reform. Addressed to Lord John Russell, Secretary of State for the Home Department. By James Kennedy, M.R.C.S., author of the “ History of Cholera.” 2nd edition. 1836.

which bodies claim respectively various rights and privileges under their charters or acts of parliament. The legal distinctions and demarcations not being wisely devised or laid down in the first instance, the members of the different corporations have been constantly encroaching upon what were considered to be their respective chartered walks, and from the clash of rival interests and pretensions have sprung much bad feeling, jealousy, and litigation.

“Nor is this the whole ground of discontent and disunion. There is another ample source of confusion and discord in the relations which exist between the individual corporations and their own members. As the medical colleges are, in their present constitution, *close corporations*, in which all power and authority are possessed by a few, who nominate their successors, the members at large complain that the acts of their colleges, or close corporations, are adverse both to the well-being of the great body of the profession, and to the interests of the public.

“To do away with these various causes of discontent—to bring medical men together, though differing in wealth and titular designation, on the broad footing of equality as members of an honourable profession, has long been the anxious desire of moderate persons of every party. But as was recently evinced in the appointment of a Parliamentary Committee, there has appeared little prospect of such a pleasing consummation. The impossibility of uniting the corporations in one common object, so as to afford a reasonable hope of a thorough reformation originating from within, does not, in my opinion, proceed, as many allege, from unworthy motives; on the contrary, I believe that the corporate heads are generally desirous to advance the interests of the science over which they legally preside, and that the failure of their wishes is to be chiefly attributed to a defect in the medical character, originating in circumstances peculiar to the profession.

“That doctors differ is a tritesaying and true, and equally

true is the assertion that they would make very indifferent medical legislators. Not accustomed to act as a deliberative body, they appeal too exclusively to their individual judgments, and are consequently broken up into sections, which are again divided and subdivided according to the temper and capacity of the several component parts. This individuality of opinion, however favourable to the progress of knowledge, is unfriendly to legislation, as is well illustrated by the opinions of medical men on medical reform. Apart from corporate or selfish interests, speculations the most conflicting and diversified have been found to prevail even amongst members of the same corporation. And whilst all admit the necessity of some legislative change, scarcely a single person appears to have made up his mind as to how far that change should be carried, or to have come to an understanding with any body else upon the subject.

“That medical men are more prone than others to the exercise of what they call ‘independent,’—or rather, to give it a more appropriate name, *individual*—judgment, must be evident to the most superficial observer, and this tendency seems to be the almost inevitable result of their professional education and habits. Medical men are early taught to *think for themselves*—to put every statement that comes before them to the test of *their own experience*, therefore it is that a species of *dogmatism* is a common attribute of the medical character.

“However injurious this description of professional intolerance may be when carried to excess, even in matters relating exclusively to medicine, it is infinitely more objectionable when it comes to be applied in any way to those concerns in which the public have an active interest. Owing to this defect, individuals of the medical profession are rarely qualified to exercise judiciously any large degree of discretionary power, either in regulating the general affairs of their own body, or in defining its relations with the community at large

Where various and complicated interests ought to be consulted as well as their own, their dogmatic tendencies are very apt to obscure their judgment and surprise them into rash conclusions. Thus one idea of self-sufficiency and assumption is fatal to every equitable consideration. For this reason it is that a great error was committed when the king and parliament, through the medium of acts and charters, granted to the medical corporations the privilege of making bye-laws that were to have a weighty and extensive influence. By the abuse of the discretionary power, bye-laws were made to supersede or to nullify the wisest provisions of those acts and charters, and a few individuals were virtually converted into legislators, to determine the relations that were to exist between themselves, their profession, and society.

“ Here, then, seems to be the origin of almost all the mischief. Medical men, and not the constitutional authorities, have hitherto had the framing of the laws that affect the government of the profession ; and, as might be expected of regulations emanating from persons who, in matters relating to their own and other complicated interests, were altogether unqualified to act the part of legislators, every one of these laws is essentially bad—is not only highly injurious to the profession to which the partial legislators belonged, but exceedingly detrimental to the public. Yet notwithstanding this unqualified condemnation, it is by no means to be understood that the slightest charge is insinuated against the honour or honesty of the individuals who were the efficient agents in establishing the existing system of medical polity. These individuals were admitted to the possession of power, to which they had no proper claim, and for the due exercise of which they were altogether unqualified ; therefore it came inevitably to pass, that this power was in their hands either greatly abused, or completely diverted from its original purposes.

“ Most objectionable as it evidently would be to permit the

shipping, or the manufacturing, or the landed interest to dictate laws for regulating their relations to the public, no monopoly originating with them, under such circumstances, could fully illustrate the evil of the principle on which the leading medical monopoly, namely, the College of Physicians, has hitherto been conducted. To devise a familiar parallel for this medical corporation, it is necessary that the making of the laws which affect navigation should be considered as committed to *a small section*, instead of to the whole of the representatives of the shipping interest, and that the policy adopted by the governing minority should be adverse to the prosperity of the mass of the governed—to the welfare of the great body of ship-owners—as well as to that of the public.

“ The way by which the College of Physicians came to be conducted on the principles of a close corporation, analogous to the hypothetical case of a close monopoly of ship-owners, is seen in its charter of incorporation granted by Henry VIII.

“ *Incorporation of the College of Physicians.*

“ By letters-patent of the 10th (anno 1519) and by act of the 14th and 15th of Henry the Eighth (anno 1522-23) six physicians by name, *and all other persons of the same faculty* within the City of London, and seven miles round, were constituted one body and commonalty of physic. They were called a *college*; they were to have perpetual succession and a common seal. They might sue and be sued. They were empowered to make *lawful* ordinances or bye-laws. No person was to practise physic in or within seven miles of London, unless by them admitted (*nisi admissus sit*). A fine of five pounds per month was imposed for practising physic without admission. The qualifications necessary to admission were, that the candidate should be ‘ profound, sad, discreet,

profoundly learned, and deeply studied in physic.' The office-bearers of the college were to be a president, eight elects, (the president being one of the latter,) and four censors. Physicians about to practise in parts of England beyond London and its vicinity were also to be examined, and the president and three elects were to be the examiners of such; but, as to *country* practice, the graduates of Oxford and Cambridge were exempted by the *act* from the examination of the College.

“ In the *charter* of the College of Physicians it was declared, that *all* medical men, about to practise in any part of England, were, previous to commencing practice, to be examined and approved by the College, and no exception was made therein in regard to any order or class in the profession; but in the *act* which confirmed the charter, the graduates of Oxford and Cambridge were, as to *country* practice, exempted from the examination of the College. The cause of this trifling deviation from the excellent principle laid down in the charter, that *all* medical men were to undergo a *practical* examination, is probably to be ascribed to the circumstances under which the English universities existed at the time. At that early period the *foreign* universities were the only places noted for medical education, and consequently English students were obliged to go abroad to gain the information which was not to be obtained at home. The six physicians mentioned by name in the charter of Henry the Eighth were all graduates of foreign universities. The partial exemption then of the English graduates from the examination of a practical board may be considered as a favour conferred on the national universities for their encouragement, and a sort of privilege by which students of medicine might be induced to resort to them. That this partial exemption originated in some temporary object, and was never intended by the legislature to have any extensive application, is evident from the fact that the act and charter agree in obliging the graduates of Oxford and Cambridge, as well as others, to undergo the practical examination

when they desire to practise within the metropolitan district. Thus, the College of Physicians was intended to constitute a practical board to stand between the public and incompetent practitioners, and was designed at the same time to operate as a *check* upon the seminaries of learning—a plan in admirable harmony with the spirit of that system of ‘checks and balances’ which has been supposed to form the characteristic excellence of the British constitution.

“ In the primary form of the corporate body *there was no distinction of ranks among the members*—the title was ‘ President and College, or Commonaltie.’ This implied equality of rank in a scientific assembly was essential to its proper government, but, as will soon appear, the original designation was afterwards got rid of, when the College assumed the aspect of a close corporation, and for it was substituted, by the aid of excluding *bye-laws*, the following very elaborate classification:—The ‘ President,’ the ‘ Fellows,’ the ‘ Candidates,’ the ‘ Inceptor-Candidates,’ the ‘ Licentiates,’ and the ‘ Extra-Licentiates.’—The imagination of the most speculative commentator would probably be puzzled to find a pretext for all these erudite and distinctive titles in the simple appellative of ‘ President and College, or Commonaltie.’

“ A solitary clause in the charter was quite sufficient to open the door of admission, through which abuses were so rapidly introduced, that the apparent advantages became restricted to the parchment on which the grant had been inscribed. This fatal clause extended the power to the College of making *bye-laws* for its general government. The discretionary power of making *bye-laws*, unless confined to the unimportant regulation of the private or strictly domestic affairs of any corporate body, is in every case very liable to be abused, but unfortunately much more so in the proceedings of a medical corporation than in those of any other, as the medical corporations are the least accessible to the influence of popular opinion.

“ At the period when the College was established the number of physicians in London was small—probably not amounting to twenty; whatever the amount, the charter, as it came from the king, had the effect of recognising them all without distinction as part and parcel of the corporate body. Although it would be desirable, there does not appear to be at present any means of ascertaining how long the members remained legally at twenty or under. I say *legally* at this number, for, at no very distant date, subsequent to the creation of the College, a bye-law was passed which completely violated the charter in practice, letter, and spirit, and converted the corporation, otherwise free and open, into a close monopoly of the most indefensible kind. This illegal bye-law ordained *that the members of the College should not exceed twenty in number.*

“ From the moment the College determined that the number of its members should not exceed *twenty*, it ceased to be in a condition to afford those benefits to the public which might have been reasonably expected to flow from the rational provisions of the charter of Henry the Eighth. Instead of following the rational provisions and legal tendency of that charter, the College was thenceforward a close monopoly, ruled solely by its own statutes or bye-laws. The charter directed that all persons properly qualified to practise physic should be admitted, but the invariable effect of the above bye-law was, that no person however qualified could obtain admission *when the select number was filled up.* It mattered not in those days whence the candidate came, or where he had been educated, or the amount of his qualifications, the number *twenty* could not be exceeded, and therefore the applicant must be rejected. The rejected candidate, however, was not made aware of the *real* ground of rejection. It has always been an object of the most watchful solicitude with the College to keep its *excluding* bye-laws concealed from the knowledge of every individual who had not been admitted within

the narrow pale of its monopoly, and consequently when admission was refused to a qualified candidate, it was always done on the plea of his *incompetence* to pass the customary examination. Thus a candidate possessing every qualification that could adorn his profession, or do honour to the College itself if enrolled among its members, was sure to be rejected on the pretence that he was 'ignorant,' when in reality it was under a private bye-law which condemned the candidate to exclusion before he had entered the College-hall. It would be superfluous to dwell upon the injustice of this proceeding, or to attempt to describe the feelings of a deserving man who had been rejected, not only without any reasonable cause, but left with a cruel stain upon his reputation calculated to ruin his hopes of professional advancement.

“ England is called by foreigners ‘ the Paradise of Quacks.’ That it has been an ample field, from an early period, for the successful exercise of every species of charlatanism is most true. In endeavouring to discover the cause of this, few inquirers would dream of looking beyond the credulity of the people, or, at least, scarcely any that had not deeply considered the subject, would be led to ascribe it to the influence of the College of Physicians. To say that the College of Physicians, which, amongst other proper objects, was intended to repress quackery, has been the chief cause of its growth and success, will at first sight appear to be the splenetic assertion of some bigoted enemy of the corporation ; yet that the College has been the paramount patron of quackery is not the less an indubitable fact.

“ The College, by limiting the number of physicians, and keeping them in this manner so far below what was required to suit the wants of the public, became the great patron as well as prosecutor of the quacks. It was in vain that it attempted to repress the quacks on the one hand, while on the other it refused to afford an adequate supply of instructed medical men. The quacks of to-day might disappear under fines

and imprisonment, but with to-morrow a new race was sure to arise more numerous and audacious than the preceding. In short, the public had no alternative in the dearth of regular practitioners produced by the excluding bye-law, but to employ any pretenders that offered to fill their places, and the money of the credulous was always in sufficient abundance to stimulate the workers of miraculous cures to set legal penalties at defiance.

“ In 1704, (reign of Anne,) the case of Mr. Rose, an apothecary, who was prosecuted by the College for prescribing internal medicine to one Seal, a butcher, came to be tried in the Court of Queen’s Bench. Rose was found guilty. The judges on the occasion were unanimous that the law prohibited apothecaries from *prescribing*. Rose, notwithstanding, brought his case before the Lords on a writ of error to reverse the judgment of the Bench; and the Lords did reverse it, giving their decision in favour of the apothecaries.

“ This decision of the Lords, even in a legal point of view, is of more than common interest, inasmuch as it was opposed to the strict letter of the law. That the Lords overlooked the rigid bearing of the statutes affecting medical practice and decided the question on grounds of public expediency, there can be no doubt. The business of the apothecary, previous to this date, was simply to retail medicines across the counter, in the same manner as the retail chemists and druggists of the present day; but, subsequent to this decision, which protected them ever after from the prosecution of the College of Physicians, the apothecaries appeared in *the new shape* of medical practitioners—physicians practically in everything save the name, and, in public favour, the successful rivals of the members of the College. Nothing but the most extraordinary state of affairs could have justified the Lords in thus elevating to the rank of physicians a body of men who were more ignorant than of the practice of medicine, than are, now, the body of retail chemists and druggists. The circumstances, indeed,

in which the public stood at that time, with respect to medical practitioners, *were most extraordinary*. The College having limited its members to a number quite inadequate to meet the demand, and having prohibited all other educated practitioners, the apothecaries had been called upon, in common with various unqualified persons, to afford advice. Under this powerful patronage, the apothecaries turned their twofold capacity to such account, that in 1704 they had increased in number to about a thousand persons, while the members of the College practising in London did not probably exceed sixty or seventy; in fact, in London and *everywhere else* the members of the College, including Fellows, Honorary Fellows, Candidates, and Licentiates, amounted to only 114."

"Bye-Law permanently excluding the Licentiates from the Fellowship.

"One of the grievances, of comparatively modern origin, of which the licentiates complain, is the result of a bye-law, passed about 1750 or 1760, by which *not any person* was to be recognised as qualified to become a fellow of the college *unless he had graduated at Oxford or Cambridge*. By this regulation a complete monopoly of the fellowship was given to the graduates of Oxford and Cambridge. The peculiar hardship of this grievance is aggravated by the circumstance that *previous* to this time the college made no distinction between the graduates of different places, and when a distinction was *then* made, the preference was given to the graduates of Oxford and Cambridge, *where medicine was not at all taught*, to the complete exclusion of the graduates of other universities, *the most noted for medical science and education*. Devious as the course of the college has always been, it is not likely that the graduates of Oxford and Cambridge obtained this most singular favour because they came from universities where they could learn *nothing* of their profes-

sion. No, a latent, and in a corporate sense, somewhat cogent reason has been assigned for this conduct on the part of the collegiate authorities.

“This bye-law also tended to keep down the number of the licentiates. By permanently excluding them from the fellowship, it lowered their professional grade, and rendered it less desirable for physicians—graduates of Edinburgh, or other not privileged universities—to enter into the body of licentiates. Many of these physicians, when desirous of practising in London, preferred taking a diploma in surgery, commencing their career under the title of surgeon, rather than submit to the implied degradation of acting upon a mere licence, or of voluntarily taking a position in which they must witness the annual arrival of *two young men*, from the English universities, to be placed permanently over the heads of themselves and the whole community of physicians, to which, as licentiates, they belonged—*whatever their age and experience* might be.

“The effect of this bye-law, restricting as it did the fellowship to the graduates of the English universities, is strikingly opposed to the original charter of the college. The six physicians recorded by name in that charter were all graduates of foreign universities, and no exception was made in favour of any establishment of learning abroad or at home. To make the right to the fellowship essentially to depend on such an accident as the *locality* in which a physician had been educated, and not on the amount, or the quality, of his scientific attainments, would seem to be in the last degree unreasonable. The licentiates thought it so, and some of them endeavoured to obtain redress in a court of law.”

In answer to the question from the Committee of the House of Commons, “What are the grievances under which, as you conceive, the licentiates labour?” Dr. Sims replied:—

“Many of the grievances are stated in their petition. One of the first stated in the petition is, “That the physicians

practising in London are invidiously divided by the bye-laws of the college into two orders; one is denominated fellows; the other, constituting by far the majority, is designated, and by implication degraded, by the term licentiates. That the fellows have occupied all the corporate power, offices, privileges, and emoluments attached to the college; that the licentiates do not participate in these benefits, but are illegally excluded from all the offices, and any share in the management of the corporation; and so far is that principle of exclusion carried, that the licentiates are not even admitted to the library or museum of the college. That there exists no foundation in the charter, or in the acts confirming it, for such distinction of orders and consequent exclusion from all privileges. That, according to one of the bye-laws, no physician can claim admission as a fellow, unless he has graduated, or been admitted *ad eundem* at the universities of Oxford or Cambridge, where medicine is imperfectly taught; while physicians who have graduated at other British or foreign universities, celebrated as schools of medicine, are unjustly excluded from the fellowship by this obnoxious bye-law. That the college was admonished from the bench by Lord Chief Justice Mansfield to amend the bye-laws, in reference to the admission of licentiates into the fellowship. That, influenced by this censure, the college framed other bye-laws, deceptive in their character, which, whenever they have been acted upon, have tended still further to depress and injure the order of licentiates. That the graduates of Oxford and Cambridge are obliged to be members of the Established Church of England, and consequently all Dissenters are excluded from claiming the fellowship. This your petitioners consider as a grievous injustice, and an act of intolerance unbecoming the present age. That these invidious bye-laws, made in the spirit of corporate monopoly, have involved the college in continued litigation, and created a jealousy between the fellows and licentiates, discreditable to the members of a liberal profession." ' "

The petition of the licentiates was presented to the House of Lords, March 13th, 1834, by the Earl of Durham, who observed—

“ ‘The charter of the College of Physicians is about 300 years old; it was granted in the 10th of Henry VIII., and from its terms we may judge, that if it had been fairly acted on, the country would have obtained an adequate supply of proper medical skill, and would have included every fit physician, without distinction of ranks; but unhappily such has not been the case, and the bye-laws of the college have defeated the original object of its incorporation. The great bulk of the medical science of the country has been excluded from all participation in its privileges, and much vexatious dissension has taken place in consequence among the members of the profession.’ ”*

The number of those who attend the medical courses at Oxford and Cambridge has always been extremely limited. In fact, these universities cannot be said to possess efficient medical schools. “At Oxford and Cambridge,” says a recent writer, “there are not competent schools of physic, nor until lately did these noble universities, so distinguished as seats of learning, require from candidates for medical degrees a course of education at all in conformity with the experience and im-

* “It is reasonable to suppose,” says the writer of the article on ‘Medical Reform,’ in the Quarterly Review, “that the original intention of the fellows was to maintain the general respectability and usefulness of their profession, by encouraging persons of good education to enter into it. But in process of time the fellows, in their anxiety about the means, forgot the end. Young men with the smallest possible amount of medical science were at once admitted as fellows, while some of the most accomplished and experienced physicians remained in the ranks of the licentiates. Nor was this all. No regulation was thought to be necessary as to medical education; the degree of M.D., which in itself means little or nothing, as there are universities where it may be purchased for a few pounds, with two years’ residence at any university, being all that was required, the consequence was that many were admitted as licentiates, and even as fellows, whose medical education was inferior to that which has been for some years required of the apothecary.”

provements of modern times in medical science; and even now their medical curricula are very defective.”

The same gentleman further remarks of the College of Physicians, “Its general policy seems always to have been such as to ensure a high degree of learning, rather than to supply the public with medical practitioners proportionate to its necessities.”*

The *Medical Gazette*, in a late number, referring to a document (moved for by Mr. Wakley in the House of Commons,) showing the number of candidates examined, and the diplomas granted by the universities and colleges of the United Kingdom during three years ending 1844, observes, “These returns show how little the two universities are adapted for medical tuition, or for conferring the privileges of medical practice. In the three years the degree of doctor of medicine was conferred at Cambridge on ten persons, and licences to practise to bachelors of medicine to nine persons, at Oxford there were in three years six candidates for the diploma, and the whole of them obtained it; and eight candidates for a licence to practise, which was granted to seven.”†

As respects the admission of licentiates to the fellowship, much greater facilities have been latterly afforded, and various other alterations of a liberal tendency were proposed to be effected by the late bill; with reference to these the College of Physicians transmitted a memorial to the government, the remarks upon which by the above-named medical journal, which is generally considered not to be adverse to the existing institutions, will be found in the Appendix.

I will further avail myself of the remarks of Mr. Kennedy upon the constitution of the London College of Surgeons, having, before extracting so largely from his pages, thought it right to ascertain that he did not object to my so doing.

* Lucius on Medical Reform.

† “No bodies have been dissected at Oxford for some years. One body was dissected at Cambridge in 1833.”—*Medical Almanack* for 1837.

“The surgeons, after the decision of the House of Lords in the case of Rose, which emancipated them also from the prosecutions of the College of Physicians, increased much in number and in influence, and by the 18th of George II. a distinct corporation of surgeons was created. By this act of incorporation, sixteen individuals, nominated by the government, were empowered to choose five others, and these twenty-one persons were called and constituted a “Council, or Court of Assistants.” The individuals composing this court were chosen *for life*; they were empowered to fill up *all vacancies* among themselves, and were entrusted with the *entire management* of the corporation of surgeons.

For the present advanced state of surgical knowledge and the respectability of its professors, the public is in no degree indebted to the corporation. The foundation laid by the act of George II. for a self-elected and irresponsible body, to regulate the surgical profession, produced the usual fruits of such an organization. By a circumstance of rather unusual occurrence the surgeons lost their charter in the month of July, 1796. Owing to the absence of one of the council, and the illness of another, a sufficient number of qualified persons could not be assembled to constitute a legal court, for the purpose of electing the officers for the ensuing year. The corporation was consequently broken up.

An attempt was made in the year succeeding its dissolution to procure the revival of the corporation under the name of a ‘College.’ A bill for this purpose had actually passed the Commons, and been twice read in the Lords before the members of the late corporation were aware of its purport. With the abuses of that corporation fresh in their memory, they (the members or commonalty) made every exertion to frustrate this attempt to revive it, and their opposition was successful. The evidence submitted to the committee of the House elicited strong disapprobation of the corporative system, and operated as a check upon any further application to parliament.

“In March, 1800, some individuals, through private influence, persuaded the king to concede those corporate privileges that parliament had refused to sanction. His Majesty George III. granted a charter, creating a corporation, or college, with powers similar to those of the former corporation. The new grant was made ‘on the humble petition of the late master and other members’ of the lapsed corporation, forming them into one body corporate and politic by the name of ‘the Royal College of Surgeons in London.’ Twenty-one persons (in fact the *old court or council*) were again appointed for life as a ‘court of assistants,’ *with power to appoint their successors*, and to manage *all* the corporate affairs.

“In short, as may readily be inferred, the ‘Royal College of Surgeons in London,’ notwithstanding its imposing title, is neither more nor less than a chartered company, consisting of twenty-one persons, called a council, or court of assistants; the individuals composing which are appointed for life, and possess the further privilege of *nominating their successors*.

“The members or commonalty, forming the great body of English surgeons, of which this close corporation is the *nominal* head, amount in number to *eight or nine thousand persons*; but these members, multitudinous as they are, after paying their fees of admission, are allowed to have no more to do with the corporation to which they are said to belong, than if the College of Surgeons, in London, were located in some foreign country. Each member at admission is compelled to pay 22*l.*, and the annual income of the college, as stated in the return made to the House of Commons, is between twelve and thirteen thousand pounds. Over this large and increasing revenue, the self-elected council of twenty-one persons have sole control, and for their individual *services*, in one capacity or another, they retain a large proportion of it amongst themselves. Looking dispassionately at these facts, it can scarcely be a subject of surprise that the commonalty of surgery are

dissatisfied with the constitution of their college, or that they should wish to possess some elective control over those who administer its affairs.

“Seeing that different professional ranks will always exist, the corporations of physic and surgery, instead of allowing public opinion and public patronage to determine the position of individuals, fell into the unfortunate error of supposing that they, the corporations, were the proper tribunals to decide the question. By their regulations, made under this mistaken view, and by the example of their favoured members, these bodies declare that any medical student, possessing *more wealth* than the majority of his compeers, may enter upon a course which will lead him without fail to the highest rank of the profession. They ordain that, having passed a routine examination before their boards, he may *commence* practice as *consulting* physician or *consulting* surgeon, without reference to natural ability or superior acquirements, and, of course, without reference to popular opinion, as the public have not yet had time to make his acquaintance. The only qualifying condition that the corporations exact from the young practitioner is, that he shall restrict his practice to *one* branch of the art—either to what they call ‘pure physic,’ or ‘pure surgery.’ This order of medical men, who have assumed the titles of *pure* physicians and *pure* surgeons, may be considered a sort of anomaly in the profession. They are of modern origin, unknown in every country beyond the British dominions, and may be said to be confined to England and Ireland. In Scotland they do not at present receive any encouragement.

“To say that these *pure* or branch practitioners are countenanced in England and Ireland is allotting to them a much wider field than they really occupy. It may be said with greater accuracy, that they are confined to the metropolitan cities—London and Dublin. Out of these capitals they do not succeed. Now, it may well be inquired by what means do

the pure practitioners manage to turn their limited opportunities to a profitable account—the *pure* practitioners are *few* in number: the *general* practitioners, including the consulting men who have been such, amount to *many thousands*; public opinion is favourable to the extension of the *general* practitioners—it is unfavourable to the *pures*?—To this question a satisfactory answer may be given in a few words. The pure practitioners have possessed themselves of the corporations of physic and surgery, and they also enjoy a monopoly of nearly all the hospital appointments. By holding these strong positions, they are empowered to levy contributions, in the shape of fees for diplomas, &c. on the great mass of medical men; and in this country their names are so often brought officially before the inhabitants of the metropolis, where patients in their choice of consulting advisers are frequently guided rather by notoriety than by merit, that those pure practitioners are at times supposed to be, by the uninitiated, the only qualified persons in the profession. The corporations and hospitals are looked upon by aspirants of this order as a sure provision for their riper years.

“In thus selecting certain young men to fill the higher walks of a scientific profession, the practice of the medical corporations does not appear to coincide with that of some other public bodies. In law, the benchers are not empowered to set apart a few young barristers with the intention of making them judges or counsel, to take precedence of all others in rank and honour. In the church, a chosen number of young clergymen are not recognised as possessing a special education or claims for a bishopric. Nor do we hear of mathematical seminaries for the express production of *great* astronomers, or of political societies for the assured evolvment of ministers of state.

“Irrational and injurious as are the *branch* bye-laws of the College of Physicians, they may be considered as representing reason and excellence, when compared to that law of the Col-

lege of Surgeons, which stands first on their list. The first bye-law of the Corporation of Surgeons is, ‘That *no* member of the college, whose professional practice is *not* confined to surgery, shall be elected *a member of the council.*’

“As might be expected, the council or court of assistants which passed this bye-law was composed of *pure* or *branch* surgeons, and their aim was to permanently exclude from office all surgeons in *general* practice. That the acquirement of additional information on the part of the latter should be made the ground of exclusion from collegiate honours seems to be the most singular and the most bewildering of all the eccentricities embodied in the bye-laws of the medical corporations. The surgeons in *general* practice, at the period of their induction into the college, passed through precisely *the same species of examination*, and paid exactly the *same fees* as the *pure* surgeons. The *general* surgeons, moreover, amount to upwards of *eight thousand persons*, while the *pure* surgeons do not probably exceed the number of *one hundred*—indeed they do not themselves lay claim to more than one hundred and fifty or two hundred individuals, throughout the whole of England and Wales. Would it not therefore appear the less inconsistent course, if any distinction were made amongst the members, that the governing council of the College of Surgeons should be elected out of the great majority, who maintain, both by their numbers and contributions, the influence of the college, than out of the trifling minority, who, although they take several thousands a-year from the institution, contribute scarcely anything to its support?

“But the full measure of injustice inflicted under this bye-law of the *pure* practitioners is not yet seen. The council with whom the bye-law originated assume the further privilege of giving it their own interpretation, and in this way it appears to have a different meaning when applied to themselves, than it has when applied to the surgeons in *general* practice. It is quite notorious that ‘*pure surgery,*’ or, as it is usually trans-

lated, *operative* surgery, or that connected with *manual* assistance, is so narrow a field, that no order of surgeons could maintain themselves respectably within it. The pure surgeons, therefore, while they *nominally* restrict themselves to this narrow field, in *reality* encroach as much as they can on the department of the pure physician. Mr. Guthrie, the (pure) president of the College of Surgeons, was thus questioned by the committee of the House of Commons:—

“The Committee.—‘Do you believe that a large number of those gentlemen who are qualified to be elected into the council, as *professing to confine their professional practice to surgery*, do *not* confine it strictly to surgery, but embrace in it a large proportion of purely medical cases?’”

“Mr. Guthrie.—‘Their practice *is very much medical.*’”

Evidence to the same effect was given by Sir A. Cooper.

The diploma of the College of Surgeons, though not necessary as a licence to practise surgery, has been sought by the majority of general practitioners, as conferring a greater degree of respectability than the licence of Apothecaries’ Hall; and, from the circumstance of its being obtained with great facility. At both institutions candidates may present themselves for examination at the age of twenty-one, upon producing certificates of attendance upon certain courses of lectures and hospital practice for a defined term, the examination being purely verbal, and usually lasting from a quarter to three quarters of an hour. This is so insufficient a test of capability, that until lately competent persons were liable to be rejected, while others who might have been careless and negligent during their studies, but who had devoted the few weeks previous to examination to the process of GRINDING, would very likely be enabled to pass with *eclat*, and be complimented upon their proficiency, though the knowledge thus acquired would shortly afterwards be forgotten. In fact, the mere exercise of the memory pervades too much the whole course of study; and I have elsewhere observed upon this point, “The great error of

the English system is, that it leads pupils to learn too much by rote, without exercising their intellect; whereas, on the Continent, a good deal of mental exertion is required in the composition and defence of theses, in the direct superintendence of clinical cases, the bedside examinations, the public demonstrations and performance of operations, and the answering questions relative to these during the examination. The walking the hospitals, in the literal acceptance of the term, by a large proportion of students, is a consequence of the absence of clinical examinations.”*

“No subject connected with medical education,” observes Sir James Clark, “stands more in need of reform than the mode of conducting examinations. The value of examinations, as tests of the candidate’s proficiency in medicine, has been doubted, and as medical examinations have been generally conducted in this country there may be fair grounds for such a doubt. The efficiency of all examinations depends upon the manner in which they are conducted; if they are so managed as to give every candidate a fair opportunity of showing his real acquaintance with the subject of examination, and at the same time render it impossible for him to deceive the examiner by an exhibition of parrot knowledge, got up for the occasion, there can be no question of the value of examinations. If the candidate be subjected to a special examination on each subject of the medical curriculum, by means of written questions and answers, in addition to the usual *viva voce* interrogations, and by demonstrations, experiments, or any other practical test, of which the subject of examination admits, and almost every medical subject does admit of some such test, it must, I think, be the fault of the examiners if they are unable to ascertain the candidate’s proficiency. Examinations so conducted place the diffident and the over-confident on equal terms. All have an opportunity of showing what they know;

* A parallel between British and Foreign Medicine and Surgery. The Appendix to “Observations on Continental Medical Institutions.”

in this respect, as well as in others, the examination by writing is most useful, and should form a part of every examination on medicine."

Let our medical examinations be so managed; let the student be submitted to one or more examinations in the course of his medical studies, and there will soon be an end of the demoralizing system of *cramming*, which, I am informed by some of the medical teachers, is now carried on to a most injurious extent in London. This system of deception so much practised by medical students is owing to various causes. The deteriorating influence of the apprentice system, the almost total neglect of preliminary education on the part of the examining bodies, in consequence of which the student has acquired no habits of application before he commences his medical education, and the injudicious regulations imposed upon students, by which they are obliged to attend too many subjects and lectures in the same season. To these may be added the *single* very imperfect *viva voce* examinations, which, at the termination only of their studies, candidates for diplomas and licences are subject.*

The examination of the London College of Surgeons, though now much stricter, was, till lately, such as to facilitate the ingress into that body of many who would not otherwise have sought it, and has tended greatly to the overstocking of the profession with many imperfectly qualified persons.

"The following statement," observes Sir James Clark, "recently made at a public lecture by Mr. Guthrie, will be admitted as unquestionable evidence. 'I regret to say,' observes that gentleman, 'that among the students who entered the profession some years back, and are only *now* presenting themselves for examination under the regulations of 1836, there are many who cannot spell very common words in their native language.'† Mr. Guthrie has been long on the council of the Royal College of Surgeons, and is therefore well ac-

* Notes to a Letter on Medical Reform.

† Lecture delivered in the Westminster Hospital, Oct. 1842.

quainted with the acquirements of the candidates for the college diploma. What these were before 1836, Mr. Guthrie does not inform us ; but such, it seems, is the deplorable state of ignorance of those permitted to pass the Royal College of Surgeons of London. Are men so educated worthy of being entrusted with the important duties attached to the ordinary medical attendants of the community ? Is it surprising that quacks and quackery should thrive, when such is the education of the regular practitioner ? It is surely hazarding too much, to permit men so ignorant as those described by Mr. Guthrie to undertake the responsible duties of a surgeon. Such a state of things ought not to exist in a civilized country, and would not have existed at the present day, had the institutions entrusted with the regulation of medical education done their duty.”*

A recent writer also remarks, with reference to the lenient examinations at the College of Surgeons, as compared with those of Apothecaries’ Hall, “In a very short time students begun to perceive that the ‘Hall’ was a much more formidable affair than the ‘College.’ Most of them were, however, obliged to pass it, because their career as practitioners was marked out for them by private circumstances, and those to whom the saving of a few pounds was no object, passed the college as well, because the title of surgeon sounded more respectable than that of apothecary, and because the names attached to the one diploma carried with them a weight which those of the other did not.

“The examination of the apothecaries was always an unpalatable business, and therefore students began to look about for the means of evading it. They found that the company could only touch them for selling the physic they prescribed ; they therefore hit upon the plan of contenting themselves with the college diploma, and arranging with some chemist to supply their medicine. Thus began the existence of a hybrid class, who were surgeons without the education of surgeons,

* Second Letter to Sir James Graham.

and apothecaries without the legal qualification of apothecaries, gentlemen without the acquirements of gentlemen, and tradesmen without the risks of trade.

“ Now, gentlemen, if you had at the time gradually raised your curriculum of study, the fee for your diploma, and the age of admission to it, you would have done more to elevate the character of the surgical profession than all the Medical Reform Bills Sir James Graham’s measure may be the father of. You would have compelled all those who wished to avoid the degradation of submitting to an examination by a trading company—as the phrase was—to undergo a thorough surgical education, and you would have afforded some sort of protection to those members of your own college who, aspiring to the higher honours of the profession, were educating themselves accordingly, from being swamped by a multitude of half-educated competitors, between whom and themselves the public would be unable to discriminate.*

* “ If we take into the account that it is in the nature of corporations, as it is in that of individuals, to like the acquirement of wealth, we cannot fail to perceive that the college have a direct interest in having as many applicants for their diploma as possible. But this is not what is wanted by the public.”—Article, “ Medical Reform,” in Quarterly Review.

From 1815 to 1834, (19 years,) 7,028 students were examined at Apothecaries’ Hall, of whom 795 were rejected (11 per cent.); whereas at the College of Surgeons, from 1823 to 1834, (12 years,) 5,122 were examined, of whom 376 were rejected (7 per cent.)

The following comparison of the number of Candidates examined and rejected at the College of Physicians, (Licentiates,) the College of Surgeons, and the Apothecaries’ Company, during 11 years—1823-33—shows the difference in a more striking manner :—

	E x a- m i n e d.	R e- j e c t e d.	R e j e c t e d o u t o f 100 e x a m i n e d.	F e e s p a i d b y t h e a p p r o v e d C a n d i d a t e.
College of Physicians -	133	7	5·3	£ 56 s. 17
College of Surgeons -	4621	316	6·9	22 0
Apothecaries’ Company -	4843	666	13·8	6 or 10*

Medical Almanack.

* Six guineas for those intending to practise in the country—ten for London practitioners.

“ It is sickening to turn from the picture of what you might have done, and see what you really did. From the time the apothecaries obtained their act, the whole history of the college exhibits a succession of paltry shifts to undersell that company, and reduce the examination to such a point of laxity that the students should not be frightened away. Nor was this all; for, as if the age of twenty-two involved a sacrifice of more years to study, you soon after reduced it to twenty-one, rather than give the apothecaries the advantage of one year in the miserable competition you had now entered upon: you were thus fostering the growth of the half-educated hybrids I

According to the document already referred to, it appears that of late the examinations at the College have been much more strict. In the course of three years ending 1844, 161 candidates were examined before the College of Physicians, one only was rejected. At the College of Surgeons 1,776 were examined, 1576 passed, the rejections being about 12 per cent. At Apothecaries Hall 1,137 were examined, of whom 953 obtained the licence, and the rejections were in the proportion of 16·1 per cent. In the University of London, out of 114 who underwent the first examination, 72 passed. On the second examination, of 67 examined 60 passed, the proportion of rejection being about 10 per cent. At the Edinburgh University, for the diploma of M.D., the examined were, as to the passed, 153 to 152. At the Edinburgh College of Surgeons, 306 candidates were examined, of whom 266 obtained diplomas, the proportion of rejection being 13 per cent.

With reference to these accounts the Medical Gazette observes,—“ The number of persons licenced to practise amounted in three years to 2721, viz. 1576 surgeons, 953 apothecaries, and 192 physicians, a number which appears to be far greater than the rate of mortality among existing members of the profession, or the progressive increase of the population can render necessary. The value in which the diploma of the College of Surgeons is held is indicated by the large numbers granted, although it is worthy of remark, that the number in the last year of the return was but little more than one-half of those granted in the first year.

“ A contemporary has suggested that it would be a benefit to the profession if the universities and colleges of the United Kingdom were prohibited from granting diplomas for several years, and arbitrary as such a rule may appear, we verily believe that it would be attended with less evil to the community and to the profession itself than the continuance of the practice here brought to light, viz. of sending out yearly on the population of this country an army of 269 physicians, 660 surgeons, and 373 apothecaries, deriving their qualifications from sixteen different systems of study, and receiving their licences to practise from as many different colleges, universities, and societies.” March 13.

have described, who, while they piqued themselves upon their purity, had really no distinguishing feature but the fear of the funking-room in Blackfriars, and who made a virtue of necessity, by pretending to an exclusiveness of which the only real element was the exclusion of knowledge.”

“ It seems you were not unmindful of sending out into the world men so differently qualified as those I have described with one and the same diploma. No ! all the while the fellowship was in petto. You attempted it indirectly by means of the ordinance of 1836, but this failed, and there was nothing left but the new charter.” *

This empowered the council to create a certain number of fellows from among the members ; the future members of the council to be elected by the fellows. The manner in which the provisions of the charter were carried into effect called forth expressions of indignation and strong animadversion from the medical and general press of all parties, (see Appendix,) and produced protests from the profession in all parts of the kingdom ; and the subsequent attempts of the council to justify the proceedings of the majority served but to increase the irritation which it will require a long time, and the adoption of efficient counteracting measures to allay ; † and which would have been still further aggravated by the delivery of the recent Hunterian Oration, had the insulting passages which it contained not been disclaimed by the council in a vote of censure passed upon the orator, who, as far as I

* A Few Words on the Fellowship. By an Old Member of the College. London, 1845.

† I shall refrain from repeating any of the very strong and indignant terms in which these proceedings were referred to, but will merely quote an observation of “ The Times,” which makes a just distinction : “ We have reason to believe that the document (the Manifesto) was, to their disgrace, the deliberate composition of the majority of the Council. We expressly say of the MAJORITY, for we know that there are some who, though as a minority unable to carry their wishes into effect, are not deserving of the condemnation due to the Council as a body, and as a mere matter of justice we are bound to keep this fact prominent.”

know, is the only person who publicly attempted to defend their proceedings.* This gentleman, formerly one of the strongest advocates for medical reform, referred to the high estimation in which the college diploma was held, and sneeringly observed of the apothecaries' examination, that "they have performed it as well as they could be expected to do." It will, however, be inferred, from the preceding remarks, that a chief reason why the college diploma was formerly more sought for was the greater facility of its attainment, and its conferring a licence to practise; whereas the examinations at the hall have for several years become more and more strict. A medical journal, (the *Lancet*,) referring to this part of the Oration, says, "In 1842, 669 diplomas were granted; in 1843, 541; and in 1844, only 376. This we take as good evidence of the want of confidence engendered in the profession by the conduct of the council during these years. On the other hand, the Colleges of Physicians and the Society of Apothecaries have each kept up their number. We know that many of those recently admitted to the College of Physicians were members of the College of Surgeons, disgusted with their original alma mater?" The same journal also observes, in allusion to the remarks of the orator upon the endeavours of the council to promote the advancement of science: "But Mr. L. did deign to attempt the justification of the council towards the members in the minute account of their proceedings in reference to the Hunterian Museum. And really as we listened to his words we seemed possessed with the idea that the sweeping, cleaning, preserving, enlarging, and cataloguing the museum, were the great functions and objects of the council and college. It would seem as if these great matters had so absorbed their faculties as to exclude every other idea. They claim the merit of having expended 70,000*l.* on this department. Three thousand a year they regularly disburse in this manner, and yet forsooth they have no duties towards the members who supply them

* It appears that this vote has since been rescinded.

with the funds. If the money of the members has purchased more than one-half of the present museum, are they not admitted four days a week instead of two, as provided for in the deed of gift? If the members of the council have befouled their own reputation by their corporate proceedings, have they not kept the preparations free from tarnish with housewife husbandry? If thousands of living men have been ill-treated and degraded, have not the council given immense sums for rare animals and fossil bones? If the council have not conserved the respectability of the profession, but have allowed men of any character or no character at all to enter and maintain their places in the College, have they not engaged first-rate men as conservator and assistant-conservator of the museum?"*

As regards the encouragement to students to apply for the

* The author of the pamphlet last quoted, alluding to my exclusion from the fellowship as one among several of the extreme instances of injustice, adds, "Refused, reason unknown." I would much rather it should be asked why I was excluded than why I was admitted, and having at the time sent a protest to the council, and written two or three letters upon the subject, (see Appendix,) I should have given myself no further trouble about the matter, but that it has been intimated to me, (what I had been led to surmise,) that the circumstance was owing to the same influence which was formerly exerted in endeavouring to prevent my election to the house-surgeoncy of St. George's Hospital in favour of a protégé, notwithstanding I was the senior pupil in rotation, and had the promise of the surgeon whose turn it was to nominate. During the period I held the office a circumstance occurred which caused some stir at the time, and which I have reason to believe, was not forgotten. I have, nevertheless, always treated the gentleman to whom I am under the necessity of alluding with the greatest consideration, frequently recommending patients, and sending copies of my works, in one of which I gave an explanation of a class of disorders, which I perceived in a subsequent publication of his lectures on these complaints, being almost the only passage in italics in the book, and I need scarcely say, without any mention of my work. It is with great regret that I thus speak of any one occupying an eminent position in the profession—which I do without any asperity of feeling,—but when in reply to a communication from the Home Office it was further stated, that my claims had received every fair consideration, and that the examination was open to me, I consider that having to revert to the subject, I ought to state the circumstances.

diploma of the College at the earliest possible age, (21,) the present Council is perhaps not more to blame than any other body of men placed under the same circumstances, and no reflection upon individuals is here intended. The error consists in the temptation having hitherto been suffered to exist in a matter so greatly affecting the welfare of the community, instead of its having been determined (as is the case in other countries) that examiners should receive a fixed salary. Much has been said respecting the facility of obtaining diplomas from some German universities, as Giessen or Erlangen, but it must be recollected that these confer no title to practise; and it will have been seen from the preceding pages that nowhere are greater pains taken than in Bavaria (of which Erlangen is one of the universities) to prevent by legislative restriction and the number and strictness of the examinations, a greater supply of practitioners than is required by the wants of the population; whereas, in England, perhaps more than in any other country, (considering the expense of living, and that medical men are required to support the appearance of gentlemen,) the prejudicial consequences of an overstocked state of the profession have been for years allowed to continue; nor, such being the case, can it be wondered at that there should be so much disunion among members of the profession, so many indirect ways adopted of seeking to obtain practice, and that so many, after having expended their best years and their means in obtaining the highest education, should be under the necessity of abandoning the profession, and of expatriating themselves, or of seeking some other employment.* I would willingly have abstained from making some of these remarks and quotations, but that the recent sale of an examinership at the College of Surgeons, according to the terms of which, as stated in a medical journal, the successor was to give the retiring examiner half the examination fees, indicates that little alteration

* Several members of the College of Surgeons are said to be now engaged as policemen at the different railroad stations.

is to be expected unless from the interference of the legislature ; and I really think that there is much justness in the following observations, that “Before any substantial good can be expected to follow, the whole system of the College must undergo a thorough change ; until this takes place, until its affairs are entrusted to a responsible body, elected for limited periods by the members at large, the same restrictions upon the advancement of science as are produced from the present regulations of the examiners, the same invidious distinctions in our profession, the same courtly intrigue in the medical appointments of the crown, the same monopoly of elections and appointments to our public hospitals and medical charities, and *above all*, the same injurious consequences to the community, must continue. But the question naturally arises, in what manner are the beneficial and necessary changes to be effected? Certainly not by vulgar abuse of the existing authorities, not by senseless clamour, but by firm, repeated, and respectful remonstrance to the legislature, the members of which must be convinced of their necessity. This they cannot fail to be provided we lay our grievances before them in a clear and forcible manner : if we prove that our rights are not protected, that our privileges are not such as members of a liberal profession we are entitled to expect, and above all, if we show that the present arbitrary, irresponsible, and exclusive power of the Council is *subversive of science and derogatory to the public good*, conviction cannot fail to be brought home to the mind of those who are at the helm of our national affairs, and the most beneficial results *must* speedily follow.” *

Quitting this part of the subject, I will further quote some of the important remarks of Sir James Clark (who kindly gave me a copy of his letter, now out of print) upon the subject of education.

* Oration on the necessity of an entire change in the Constitution and Government of the Royal College of Surgeons, delivered before the Medical Society of London, March, 1838. By G. F. Salmon, F.R.C.S., &c.

“The education of medical men has during this period been greatly improved, though not to such an extent in this country as in some others. Here its progress has been retarded by various causes, but chiefly by the existence of a number of institutions which, while they possess the power of regulating medical education, have interests at variance with the proper direction of this power to raise the standard of the acquirements of those for whom they legislate. The rate of improvement has not been equal in the three classes of medical practitioners. The apothecaries, who had most to learn, have made greater advances in this respect than the physicians and surgeons: generally speaking, they may indeed be said to have risen from a state of comparative ignorance and inferiority to emulate the latter in professional acquirements, and share with them the confidence of the public.”

“The professional duties of the three classes being essentially the same, so ought to be the medical education up at least to that point which is considered sufficient to qualify for general practice.”

“Had the scientific education of medical men been better attended to the nation might have been spared the loss of much human life, and the fruitless expenditure of much treasure, and the public health might have attained a much higher standard than it has yet reached. *It is from being uninstructed in the common principles of philosophy, and consequently unacquainted with the laws by which the various physical agents amidst which we live are regulated; and the effects of these in promoting health and inducing disease,* that medical men have failed in some of their highest duties; that they have been less efficient ministers of health, and less successful investigators of disease than they would otherwise have proved. It is in the power, as it is unquestionably the duty, of the legislature to put an end to this state of things; and an excellent opportunity now presents itself for improving the education of medical men generally, and above all, in its

neglected and not least important department—*preliminary instruction*.

“ By requiring a higher standard of education, the profession would be made more respectable, and young men of a better class and better educated would be found in abundance, I doubt not, to enter it; and should it have the effect of diminishing the number of medical students, neither the profession nor the public would, I apprehend, be the losers by such a result.”

Having mentioned as the preliminary branches of education most required, a certain amount of classical knowledge, natural philosophy, chemistry, botany, natural history, zoology, Sir James adds, “ In addition to an acquaintance with these branches of natural knowledge, he ought to know something of the *philosophy of mind*, to guide him in reasoning correctly, and in exercising his judgment on the subjects and objects presented to his observation during the study and practice of his profession.”

“ The power of carrying out the principles of education should be entrusted to an independent body unconnected with the educating institutions on the one hand, and the medical institutions on the other—a body responsible to the government for its acts, having no collateral interest to divert its attention from carrying out in the fullest manner the principles embodied in the legislative enactment. This important trust should be vested in a body in each division of the kingdom appointed by government for the exclusive purpose of regulating the course of education, preliminary and professional, and testing candidates for licenses to practise.

“ The subject of education must be taken up as a whole, and directed upon a well-devised system, otherwise it can never be successful. It has been because the regulations respecting the education of medical men have been entrusted chiefly to the medical corporations that the preliminary education has been so totally neglected. Such bodies are not qualified to

test candidates on their scientific acquirements. It is not their province, and in no other country, I believe, is such a duty entrusted to them. If the Colleges of Physicians and Surgeons are to have any share in examining candidates, it should be restricted entirely to testing their practical knowledge.

“ Difficulties will no doubt present themselves, to the establishment of a uniform scheme of medical education, but these difficulties are really less formidable than they at first sight appear to be.

“ The present medical corporations and the English universities may oppose such a measure. The opposition of either ought to have little weight if it can be shown to be unreasonable and opposed to the public weal, and assuredly whatever is opposed to the improvement of medical education, and to the elevation of the character and respectability of the great body of the medical practitioners is so.”*

* “ In making these remarks upon the education of general practitioners I feel it due to that class of the profession to state, that many of them are well educated men in every sense of the term, and not a few graduates in medicine in universities of this and other countries. My remarks apply to the system of admitting such men into the profession as Mr. Guthrie describes—a system which has proved highly detrimental to the character of the profession generally, and to that of the general practitioner in particular.”

The importance of preliminary studies has been fully appreciated by the Edinburgh College of Surgeons, as will be seen from the following abstract of a notification issued in Nov. 1844.

“ It will be obvious to all who consider the extended and complicated nature of medical science, that much of the success of the student in the prosecution of its various branches must depend upon the previous cultivation of his mental faculties, and that it is consequently of the utmost importance both as regards the interests of the public, and the future comfort and respectability of the practitioner, that all who apply to the study of surgery should have previously received a liberal education. The College have enacted some regulations for securing this object, and they confidently trust that medical practitioners in every part of the country will be disposed to second their endeavours by recommending to the young men who may be placed under their care, the study of Latin, Greek, French, German, and Italian languages, and of logic, mathematics, and natural philosophy, as the best preparative for entering upon a course of medical and surgical education.”

It will not have escaped observation, from a perusal of the preceding pages, that several of the continental schools especially direct the attention of students to the points to which Sir James Clark has referred, and which is the most neglected with us, viz. philosophical studies. Dr. Southwood Smith remarks, with reference to this omission, "The degree in which the science of mind is neglected in our age and country,—may it not be justly added, in our profession,—that science, upon the knowledge of which every individual mind is dependent, is truly deplorable. Medicine is an inductive science, the cultivators of which are peculiarly exposed to the dangers of making hasty assumptions, and of resting in partial views; yet it is not deemed necessary that a practitioner should be disciplined in the art of induction, or should be cautioned against sources of fallacy in the practice of making inferences."

There is another great disadvantage attending the neglect of philosophical studies, viz. that those of a purely anatomical and medical nature, by directing attention exclusively to the body, usually lead students too lightly to estimate the principle by which it is animated, or to regard this in the light of an effect of the physical organization, which is likewise the natural inference which many deduce from observing the effects of disease or bodily decay upon the mind. "The cultivation of letters and philosophy," observes the author of a recent work, "alone prepares in a proper manner the intellect and heart of man for the study of a science so difficult and perilous as that of medicine. The mind of the young physician should have been especially directed to philosophical studies; it is by this means alone that he will be able to escape the coarse materialism with which he will be imbued both from the dissecting-room, where this doctrine is inhaled like a pestilent miasm, and from most of the books placed in his hands to direct him in his studies. For any one who has reflected upon the influence which habits of familia-

rity with material objects acquire in the long run upon those minds which react the most energetically, the danger which we point out will be readily perceived.” *

The usual mode of filling up vacancies in the medical staff of charitable institutions in this country is one that imperatively calls for alteration; for it is scarcely necessary to dwell upon its prejudicial consequences, not only in retarding the progress of science, but also as affecting the interests of the patients as well as of students. I have in another work remarked upon this subject: “ It may be said that as medical institutions in England are not strictly national establishments, but are for the most part supported by private benevolence, the subscribers naturally think themselves entitled to have a voice in their internal administration, and to serve their friends by their votes; still, it must be considered, that as regards the professional superintendence of the sick, the great body of subscribers do not take the trouble, or would be less capable of determining as to the relative merits of candidates, and that therefore a greater degree of responsibility rests upon those who having influence take upon themselves to direct their choice; for although it may be very natural that individuals holding these appointments should exert whatever influence they possess to procure the nomination of their relatives, or of those with whom they are intimately connected, to be their colleagues and successors; nevertheless it cannot but be generally admitted, that the welfare not only of hospital patients, but also of the public, would be better promoted by a system of competition more impartial and more in accordance with the dignity of the profession than has hitherto prevailed.” †

In fact, it frequently happens, when a vacancy occurs, that it is at once filled up by private influence, without any attempt at a contest, which many who have striven to qualify

* *Deontologie Médicale*. Par le Dr. Max Simon. Paris, 1845.

† *Parallel between British and Foreign Medicine and Surgery*.

themselves, and who under other circumstances would have a fair chance of success, would, as matters now stand, decline to engage in; and when one of these unbecoming contests does take place, how often are not misrepresentation and intrigue had recourse to in order to obtain the promises or bias the judgment of those subscribers who interest themselves in the election, and the best canvasser, or he who can count upon the greatest number of private friends, is the one who generally succeeds. "The object of the subscribers," observes a physician, who has published a brochure on the subject,* "is to find the most fitting man to carry out their intentions, and common sense teaches us that this should be done in the most simple manner, without entailing unnecessary trouble on any party, and with all respect to the private feelings of the candidates, and also to the dignity of the medical profession. The present plan is this: a vacancy is declared in the newspapers; then follows advertisements by all the candidates; next the sending of circulars or testimonials; then canvassing personally or by friends; and lastly comes the main difficulty of getting voters who have promised to the poll; the real object of electing the most competent individual is thus put entirely out of the question. It is apparently never thought of, and consequently the result of the poll is not necessarily a proof of any other thing than the activity with which the successful candidate has advertised and canvassed. When we examine the system more closely it is really astonishing that the profession should submit to its existence for a moment. It is expected that individuals holding the position of gentlemen in a learned profession should advertise and give their pretensions publicity to the utmost of their power. Now, if there were no other act than this, it would be sufficient in itself to condemn the whole proceeding.

* Observations on the present Mode of Nominating in Appointments to Public Medical Charities. By J. Sutherland, M.D.

There is nothing more repugnant to the feelings of a man of true honour than to adopt such a measure.”

It follows as a natural consequence of the prevailing method, that instead of endeavouring to excel by honourable exertion, many who aspire to these appointments, rather seek by what means they may best ingratiate themselves with those who are most likely to forward their views. That many of those who have been elected under this system have reflected a lustre upon the profession, and have greatly contributed to the advancement of medical knowledge, is no argument in its favour, for distinguished men will arise in spite of any system how bad soever it may be; though their number will be thereby greatly restricted. At the period of Sir A. Cooper's decease a leading article appeared in a medical periodical referring to the career of this distinguished surgeon for the edification of students, as an instance of what may be accomplished by talent and application, and it is usual for lecturers to descant upon these qualities in their introductory discourses. It is doubtless laudable and with a good intention that inducements such as these are held out to pupils to exert themselves, but their expectations should not be too highly raised, for though it may be very true that in the long run these means tend to ensure success, how many are there not who become exhausted during the course. Indeed, there are few persons acquainted with the present state of the profession in this country who are not well aware that without the adventitious aid of fortune or patronage, unaided talent, diligence, and perseverance, how great soever, would very rarely suffice to raise their possessor to distinction; and were it not for the circumstance of Sir A. Cooper's having been placed by his uncle in the position of lecturer and hospital surgeon, his name might never have been heard of, and his talents would very probably have been buried in some obscure locality. How striking the contrast in this respect between this and a neighbouring country, may be gathered from the notice of

the life of Dupuytren, who, poor and unfriended, was able, by means of the mode of free competition, to raise himself to the highest eminence ; whereas, had his lot been cast in England, he would doubtless have died in obscurity and poverty, and the efforts of his genius and the improvements which he effected in the practice of surgery would have been lost to his country and to the world. Several other instances might be adduced, but of those living it will be enough to mention the name of Velpeau, who has likewise raised himself solely by his talents and application from a humble station to the highest rank in his profession.

In making these remarks it is not my intention to advocate the indiscriminate admission into the profession of those who have scarcely means sufficient for their education, and have afterwards nothing for their support, too many having painfully suffered from their parents' imprudence in this respect ; but I desire merely to illustrate the effects which might be produced, if the tendency of our institutions were such as to encourage talent and to favour the progress of science ; for there is little doubt that if alterations were to be effected which would afford a freer scope to individual capabilities, the instances of distinguished men would become so multiplied as to render it an invidious task to hold out particular persons as isolated examples.

The mode of remunerating the great body of practitioners in proportion to the quantity of medicine supplied to patients is one that loudly calls for reform. It is well known that in consequence of this system the English take much more medicine than any other people. And though it may be advisable,—especially in country localities,—that the requisite medicines should be prepared at the house of the practitioner, there is no occasion why the remuneration should be made dependent upon their quantity. This system has been already discontinued in many places, and the sooner it is altogether abolished the better. “ In thus advocating a liberal educa-

tion for general practitioners," says Sir James Clark, "as the only means of insuring their respectability as a body, and giving them a status in their profession, it must be evident to themselves that so desirable a change in their position cannot be effected until the dispensing medicine ceases to be a part of their duty, until the practice of pharmacy is separated from that of medicine. In towns the separation might be effected without difficulty. In Edinburgh it may be said to be already accomplished. It is true that in country districts the practitioner would require to keep such medicines as were necessary for immediate use, more especially in the treatment of acute diseases. In such cases, however, the medicines ought not to form a separate charge, but to be included in that for attendance, being considered in the same light as surgical instruments. But until the practice of pharmacy be separated generally from that of medicine, general practitioners cannot attain that position in their profession, nor hold that station in society which they ought. The influence which such an arrangement in the practice of medicine would exercise on the position of the medical practitioner generally must be sufficiently obvious to every one who gives the subject a little consideration; but the far greater benefits which the public would ultimately reap from it can only be known to those who are acquainted with the present state of medical practice in this country." *

I will conclude by giving an abstract of some of the plans of reform which have been proposed.

Mr. Kennedy proposes that the legislature should go with the public, and recognize a senior and junior rank in the profession, and none other, throwing open the College of Physicians for the reception of the senior rank, and the College of Surgeons for the reception of the junior. This conversion of the colleges would not involve any difficulty provided all medical students were in future obliged to pass through a similar course of pro-

* See Appendix, No. 5.

fessional elementary education. All students who had passed their final examination should at first receive the title of surgeon, and after a certain number of years (ten) should be eligible for admission to the College of Physicians or senior rank.

“ One of the greatest evils of the present system in the way of grades is, that a very young man who is a student of medicine, *to-day*, at any of the universities, may, on the *morrow*, without possessing the least practical experience of the medical art, be changed into a ‘learned physician,’ or doctor of medicine by obtaining merely the academic title of M.D. This title, or the piece of parchment on which it is inscribed, at once places a novice in a grade of the profession beyond which he cannot ascend, and elevates him in pretension to a level with the oldest, most experienced, and most honoured of the faculty. May it not be asked, in the name of common sense, if this young person be a fit and qualified companion for those who are supposed to have attained to the highest point of experience and skill?—Besides lowering the respectability that should attach to the station of an experienced physician, this sudden translation of medical students into the first grade is very injurious to the interests of the public. As young physicians cannot find employment therein, the community is deprived of services that might have been exercised in a sphere less unsuited to their abilities—namely, a junior grade of practice; besides, after these young physicians shall have sacrificed twenty or thirty years of their lives in idleness, and in attempting to maintain the dignity of their false position, the public is then liable, by their appearance of age, to be deceived into the belief that they have medical experience also,—the opportunity for acquiring which by practice has never been afforded them.”

The fees for admission to the senior grade to be 100*l.*, university graduates to be eligible to admission to the senior rank in five years on paying 50*l.*, and those persons who have proved themselves to be possessed of sterling professional

ability to be declared eligible at all times without further qualification as to time or money. A senior and a junior college of the faculty to be constituted in Dublin and Edinburgh as well as in London; the members of these colleges to be free to practise in every part of the empire; the senior college of one place to be competent to elect into its body the members of the junior in any other place.

“The writer’s aim has not been to do away with those ancient institutions, which, although they have been sadly mismanaged, were, in the first instance, wisely intended, and contained in their constitution some excellent principles that cannot be surpassed. The College of Physicians was designed by the charter and acts of Henry VIII. to comprehend within itself practitioners in every department of medicine. By this charter also, the existence of only one species of examining board was contemplated. In progress of time, when the number of medical men had greatly increased, the College of Surgeons was created. To the formation of a second college, provided a single examining board was to be continued, which might have been formed of deputies from both colleges, there could have been no rational objection; on the contrary, it might have been made to represent a junior section of the faculty engaged in meritorious competition with the senior; but unhappily, in the form which was given to the College of Surgeons, the principle of the original design was lost, while the bare outline was servilely copied. A *second* college, and a *second* examining board, were created, in no manner related to, or connected with, the first—but with interests distinct and adverse, and all subsequent legislation has made the breach still wider between the different bodies of medical men.

“The writer has advocated the restoration of the ancient principle of medical legislation,—to unite the two colleges and to lop off their excrescences. With these changes perfected, and the formation of one examining board, by an equal num-

ber of deputies from each college, harmony will take the place of strife, and its original simplicity of constitution will be given to the profession, with improvements suitable to the circumstances of the present times."

Mr. Wakley proposes,—

The registration of all persons, physicians, surgeons, or apothecaries, legally entitled to practise.

Equality of rights and privileges of practitioners throughout the kingdom.

The election, by the colleges, of a national medical council, having for its president a principal secretary of state.

The introduction of a comprehensive system of education in the schools of medicine and pharmacy.

The appointment of courts of examiners by the colleges of England, Scotland, and Ireland.

The admission of the examiners into the hospitals and other public institutions, for the purpose of enabling them to test the knowledge of the candidates for diplomas in medicine and surgery at the bedside of the sick.

Repeal of those sections of the charter of 1843 which displaced the members of the college from the professional rank they had previously enjoyed.

The right of every registered practitioner to recover reasonable charges for medical and surgical advice.

Examination and registration of chemists and druggists by the Royal Pharmaceutical Society.

The more effectual protection of the public against the dangerous proceedings of unqualified practitioners and unlicensed chemists and druggists, by making the offences questions of summary jurisdiction of the magistrates.

Separation of the practice of medicine and surgery from the sale of drugs and medicines.

Dr. Forbes advocates the following plan of organization :—

A general governing board (Council of Health and Medical Education) having the exclusive regulation of the education, mode of examination, registration, and licencing of medical practitioners.

An examination board appointed by the Council of Health, and unconnected with the colleges, for testing the qualifications of candidates for the licence to practise. No one to be permitted to enter the profession without being examined by this board.

A college of medicine and surgery for the voluntary incorporation of licentiates of medicine and surgery, to be instituted by royal charter, with power to frame laws for the admission of its members, (members and fellows,) for the government of its affairs, electing officers, &c.

A college of surgery, with power to frame laws for the admission of its members, (members and fellows,) &c. &c.

A college of medicine, (the Royal College of Physicians,) with power to frame laws for the admission of its members, (associates and fellows.)

Dr. Forbes observes, with reference to examining boards constituted by the colleges,—

“The partialities of corporate bodies in favour of their own members are notorious. In the present case, what guarantee have we that the colleges will select for examiners the men best qualified for the office? We think the chances are much against their doing so. It is not the oldest physician or surgeon, nor yet the man of largest practice and greatest professional experience,—the man of most influence in the college,—that is likely to be the most competent examiner. The colleges will of course restrict the selection to members of their own body; most likely to members of their council. Now, it is a very possible case that the men most qualified to examine may not belong to the college at all, or hold any prominent place in its ranks. We entirely agree with Sir James Clark

in thinking that ‘such bodies (the colleges) are not qualified to test candidates on their scientific acquirements.’”*

With regard to the incorporation of the profession Dr. Forbes farther observes:—“What they (reformers) have contended for, as a matter of right flowing from their very qualification as practitioners, is enrolment as members of some college or institution, in which they might feel themselves, as it were, at home in their own hall, and have a right to take a part, more or less, in the discussion and direction of their own affairs. But the difficulties attending any such incorporation were doubtless regarded, by the framers of this bill, as insurmountable, or, at least, as involving such opposition from the existing corporations, as would have rendered the passing of any thing like a good bill most difficult, if not impossible. The changes made are therefore partial and inconsiderable. This is a great misfortune, because nothing would tend so much to produce harmony, good will, and content in the profession, as the union of the different classes into one great college or corporation, or into two or more colleges, separated according to pursuits and grades, yet joined together in a sort of federal union. It is always dangerous to leave any large body of men of the same general class to see and feel that they are separated from their brethren by any impassable line of distinction, indicating superiority and inferiority, real, nominal, or conventional. But we believe the defects of the bill in this respect are attributable not so much to its framers as to the members of the profession themselves. It is the old medical corporations, the Colleges of Physicians and Surgeons, that have always stood in the way of such an incorporation of the members of the profession as would be generally satisfactory; and it is understood to be to their opposition on the present

* No offence is meant in making this remark. It is founded on the conviction derived from experience, that few men are qualified for the office of examiners who are not teachers,—men obliged to keep up their knowledge to the level of the present day, and habituated to the practice of examining.

occasion that we are indebted for the deficiencies in the bill which we are now considering. The mistake committed by the minister—and it is a great mistake—was to grant any of the new charters previous to the passing of the bill.”

Of the incorporation of the general practitioners Dr. Forbes says,—“In advocating such a measure, however, we are influenced by a very different spirit from that which seems to have suggested the same idea to other writers and speakers on the subject. Our object is to unite the different classes of the profession more closely together, not to separate them. We wish all who agree with us in thinking that medicine is one and indivisible, would also agree with us in endeavouring to make its professors equally united.

“Objecting as we do to the enjoyment, by the Colleges of Physicians and Surgeons, of any direct participation in the governments of the profession as a body, or to the exercise, by them, of any authority in testing the qualifications of licentiates, it may be supposed that we would be far from according such powers to the new incorporation. In our view of the case, the rights, privileges, and duties of a medical college or incorporation should have exclusive reference to its own members, as members of the incorporation, not as members of the medical body at large. The profession, as a body, must be constituted, governed, and regulated, by the state, or by an authority created for this purpose by the state. It will be quite enough for a college to govern and regulate itself in its corporate capacity, and to superintend the medical establishments, which must always form an essential and important part of its constitution.”*

* A Critical Examination of Sir James Graham’s Bill, with Practical Views of the Representation, Incorporation, and Organization of the Medical Profession. London, 1845.

“The great curse of this country is bit-by-bit legislation, an everlasting attempt to mutilate every great principle or public interest, in order to adapt it to what are supposed to be the *particular interests* of this or that body, this or that little

The preceding remarks will suffice to show the necessity of a more efficient reconstitution of the profession, as well as some of the points in which alterations are most required; and the proper consideration of details, and as well as of the plans of reform which have been at different times proposed, would perhaps be best effected by the appointment of a commission of inquiry, composed, like the Parisian congress, of several of the most distinguished practitioners in London, and the chief provincial towns, with a proportion of non-medical members appointed by the Secretary of State, to whom the conclusions at which they might arrive should be submitted previous to the introduction of a bill into parliament.

Without commenting upon the suggestions made by others, several of which would doubtless be adopted, I beg leave with diffidence to submit the following propositions for consideration.

1. That, in addition to a supreme council of health, composed partly of medical members elected by the profession, and partly of non-medical members, (one third,) to take cognizance of, and to decide upon, matters relating to the regulation of the profession, and of medical education, as well as those appertaining to hygiene and medical police, subordinate councils be established in the chief towns of counties, likewise composed partly of medical and partly of non-medical members, with analogous functions to the provincial medical colleges of Germany, (as proposed also in France,) and having the appointment of district officers or supervisors properly qualified and remunerated; to collect reports, and to transmit information respecting the sanatory condition of the districts from the medical attendants of the parishes or unions, as

party of men; an attempt not unfrequently made in such a manner as to satisfy nobody, the public at large, however, always paying the expense."—Remarks on the Ministerial Plan of a Central University Examining Board. 1836.

well as from other available sources, and to perform the other duties attached to a similar office.*

2. That adequate compensation be made to union medical officers (who at present are advertised for at the lowest rate by the Poor Law Commissioners) in order to provide a more efficient medical attendance for the sick poor, the funds being derived, as proposed by Sir R. Peel, partly from the Consolidated Fund, and partly from the county, town, or union rates, and that the appointment of these officers be subjected to the approval of the medical councils.

3. That the Colleges of Physicians and Surgeons be amalgamated into faculties of medicine in London, Edinburgh, and Dublin, subject to the control of the council of health; each faculty having a building or hall of assembly, containing a library and museum, and with a Dean and professors attached, to lecture upon the branches of philosophical and medical studies, and to form examining boards for testing the acquirements of candidates.†

* The following are the objects proposed by Dr. Hastings to be effected by the Provincial Medical Association, on its formation a few years ago:—

“1st.—Collection of useful information, whether speculative or practical, through original essays, or reports of provincial hospitals, infirmaries, or dispensaries, or of private practice.

“2nd.—Increase of knowledge of the medical topography of England, through statistical, meteorological, geological, and botanical inquiries.

“3rd.—Investigation of the modifications of endemic and epidemic diseases, in different situations, and at various periods, so as to trace, so far as the present imperfect state of the art will permit, their connexions with peculiarities of soil or climate, or with the localities, habits, and occupations of the people.

“4th.—Advancement of medico-legal science, through succinct reports of whatever cases may occur in provincial courts of judicature.

“5th.—Maintenance of the honour and respectability of the profession, generally, in the provinces, by promoting friendly intercourse and free communication of its members; and by establishing among them the harmony and good feeling which ought ever to characterise a liberal profession.

† Ample materials for the formation of a national professorate exist in the London University and King's College. Instead of granting a special charter to the London University, it seems that the original intention of government was to create a central university examining board.

4. That considering the council of the Royal College of Surgeons have but few interests in common with the great body of practitioners, and their efforts having been chiefly directed to promote the advantage of a fractional portion of the profession, the incorporation of the general practitioners into a college for watching over their own interests would be advisable; the powers and privileges of this college, together with those of the existing colleges, should, as suggested by Dr. Forbes, have exclusive reference to its own members as members of the incorporation, not as members of the medical body at large, and that a portion of its council form part of the general examining board.

5. That students, whether intending to practise as physicians, surgeons, or general practitioners, should in the first instance go through the same course of study, comprising attendance upon the classes of the faculty, which need not supersede those given by private teachers in the schools already established.

“The government proposes to establish and incorporate by charter, as an university, a new body, composed of gentlemen of the highest eminence for learning and science, and this university will be empowered to examine and confer degrees in arts, medicine, and law, upon the students of certain colleges and other schools of professional education placed in connexion with the university. The colleges for general education which are to be named in the original charter are the existing London University and King’s College; upon the students of these alone all degrees in art are to be conferred in the first instance, but a power will be reserved to the Crown of admitting any similar institution to the same privilege. Medical degrees will be conferred upon students, not only from these two institutions, but from other medical schools.”

Mr. Warburton, who is a member of the council of the London University, said in the same debate, “If the right honourable gentlemen opposite think that the professors of the London University would have too great an interest in multiplying degrees, let them come forward with a proposal to establish one general university for London, comprehending King’s College as well as the London University, and let them appoint a set of examiners of their own to determine of the granting of degrees *wholly of the professors of the two colleges*. If they will come forward with such a proposition as this, I pledge myself that I, and I believe all the other members of the council, will withdraw our opposition at once.”

—Remarks on the Ministerial Plan of a Central University Examining Board.

6. That there be two examinations before the license to practise be granted, the first upon the accessory sciences by the professors of the faculty; the second, more practical and clinical, (not before the candidate has attained the age of twenty-two,) before a joint board composed of a proportion of the professors, and of the examiners of the Colleges, who should receive a fixed salary, not dependent upon the number of those who obtain the licence or diploma.

7. That the candidate having passed this examination be allowed to practise under the title of licentiate in medicine surgery, and midwifery; and that if desirous of so doing he be immediately eligible to present himself for examination before the examiners of the College of Surgeons, who would test, *viva voce*, and by practical demonstration, his proficiency more exclusively in surgery; and that at the age of twenty-six he be eligible to be examined for the fellowship.

8. That licentiates of the faculty be eligible to present themselves for examination before the College of Physicians at the age of twenty-six, upon producing testimonials of additional hospital practice.

9. That the distinction between fellows and licentiates of the London College of Physicians be abolished.

11. That none of the universities or colleges be allowed to grant licences to practise, which should be obtainable only by passing the examinations at the central boards in London, Edinburgh, and Dublin; but that certain privileges (as dispensing with the preliminary examination) be accorded to graduates of the provincial universities.

12. That licentiates of either of the three metropolitan boards be authorised to practise in any part of the kingdom, the examination fees being the same in all.

13. That the practice of charging for medicines by general practitioners be abolished: that chemists and druggists be subjected to an examination before receiving a licence, and that their shops be periodically visited by the district officers to inspect the quality of the drugs.

14. That canvassing personally or by friends for medical appointments in charitable institutions be abolished, and that a mode of election be adopted more in accordance with the dignity of the profession, and better calculated to promote the advance of science, and the objects of these institutions.

15. That courts of honour be established (either connected with, or separate from, the medical councils) for arranging differences between practitioners, and for preventing or punishing offences against medical ethics, of which the tribunals cannot take cognizance.

16. That becoming prizes be annually awarded, and other means adopted by the colleges in furtherance of science.*

17. That the source of revenue to government, derived from the stamps upon quack medicines, be abolished.†

* The chief prizes given by the Academie Royale de Médecine, are 10,000 and 6,000 francs.

† “The protection afforded to the sale of quack medicines,” says Mr. Salmon, “is unknown in any other country; but this is one among the many national evils resulting from the present limited and inefficient manner of education.” The income from this source is about £50,000 per annum.

APPENDIX.

I.

“WE elsewhere print the Memorial of the London College of Physicians, which reached us too late last week, to allow us to make it the subject of any comments. In the first place, we must acquit the memorialists of having offered a deliberate insult to the profession, like that which was contained in the late Statement of the Royal College of Surgeons.

* * * * *

“We think that the College of Physicians attaches too much importance to a University residence. With *five years* of professional study, two of which must be passed in a university, there is surely sufficient reason for supposing that a man may become well fitted to take a Doctor's degree at the age of twenty-six. We grant that he may not be so well advanced in classics or mathematics as the university man; but, after all, the public will value him according to his practical skill as a physician. We do not wish to underrate the benefits of a university education, but we have known more than one instance in which some classical knowledge might have been well exchanged for a practical acquaintance with anatomy and medicine. The great question really is, not whether a man is to pass his five years in a university, or *two* in a university and *three* in a large hospital, but whether the age at which the degree of licentiate may be conferred (twenty-two) is not too early for a full and perfect medical education. There certainly should be a good preliminary education, and this should be tested before the individual has advanced in his medical studies.

* * * * *

“The College of Physicians next takes credit for various reforms

which it professes to have made in throwing open the fellowship to all licentiates of four years' standing, and by giving to all the right of voting in the election of fellows, as well as by other provisions of a *liberal* nature ; especially by offering to admit as associates, without examination, and upon a reduced fee, all *bonâ fide* physicians now practising in England and Wales.

“We confess we should like to have an exact definition of a *bonâ fide* physician ; for, if we mistake not, the college has, in some instances of late, behaved with great illiberality and harshness in excluding from examination for the degree persons who, upon the assumption of liberality here set forth, ought to have been unhesitatingly admitted. They have also only tardily elected men whose names ought to have been long since in the list of fellows ; but here we think we perceive the effects of that university bias which their memorial displays. Let them consider whether they have not refused to examine for the *extra permissus* degree, men who, by many years' study, good professional standing, and practical knowledge, were at least deserving of being admitted to an examination. Let them consider whether they have not compelled others to go elsewhere, and whether this conduct, which we cannot denominate *liberal*, has not led to that infamous trafficking in foreign degrees, which has been openly carried on for some years, to the disgrace of the venders and purchasers.”—*Medical Gazette*, July 4th, 1845.

II.

“We think there can be only one feeling of indignation in the profession with respect to the statement put forward by the Royal College of Surgeons, and printed in our last number. The council complain, that in the event of the measure becoming law, ‘for the first time will every general practitioner be presented to the public under the title of ‘fellow,’—a title which was intended to designate the *highest professional qualifications of physician or surgeon* ; but which here appears to imply that the general practitioner com-

binesthe highest qualifications of both physician and surgeon, conjoins their functions, and superadds those of the professor of midwifery, but discards the characteristic designation of apothecary !' This is certainly sufficiently insulting to those members of the college, who, with an equal right to have their claims considered, were arbitrarily set aside in the list of fellows, for others of much more recent standing, whose claims to the fellowship could not have consisted in their having 'the highest professional qualifications as surgeons.' There are many on that list far inferior in professional standing to others whose names are not there to be found. They could have owed their election only to private influence ; for certainly their position in the profession did not justify the council in conferring upon them the fellowship. Members of a few years' creation, they have become by the fiat of the college 'fellows,' or surgeons of '*the highest professional qualifications !*' and the council think themselves justified in stating, that by another charter giving the title of fellow to members not of their own selection, it 'describes them under a title which can scarcely fail to mislead the public in estimating *their true character !*' We really cannot see that the public are more likely to be misled in this respect by the creation of another class of Fellows, than they are now actually misled with respect to a great number of those who are the selected of the college itself.

“ According to the very partial division of members made by the college, we must look upon those who have not had the fellowship conferred upon them, as the men intended for the '*ordinary exigencies*' of surgical practice—those who have received a *minimum* of professional education, and have acquired a *minimum* of surgical knowledge ; and yet it would seem that it is from this inferior class that the college expects to derive the funds necessary for its support. The men adapted for the '*ordinary exigencies*' may pay the fees, and be admitted as members of an inferior grade ; they will thus furnish the means for supporting their '*alma*,' or, as it has been more appropriately termed, their '*dura mater*,' and in continuing the existence of a class of fellows which, without them, it appears, would be too few in number to keep up an annual renovation of the funds. Thus, then, the whole '*Statement*' re-

solves itself into an '*argumentum ad crumenam.*'"—*Medical Gazette*, June 20.

“ We refer our readers to the recent statement of the council of the college, published in the *Journal* of last week, and we are certain that they can come to no other conclusion than what we have here expressed. Look at their speaking lamentation, upon their own self-doomed overthrow. ‘ Thus, under hostile attacks, devoid of any reasonable grounds, and unsupported by any rational argument, is the Royal College of Surgeons—recently re-chartered by her Majesty, for the promotion and cultivation of surgical science, and not charged as unfaithful to, or incapable of, its high functions—thus is the Royal College of Surgeons of England in danger of being sacrificed to the views and wishes of those who hope to annihilate it, by the establishment of a rival College of Surgeons, under the specious name of a College of General Practitioners in Medicine, Surgery, and Midwifery.’

“ We have quoted this passage to show what opinion the council of the College of Surgeons entertain of the efficiency of the new measure, but we cannot avoid remarking on the unblushing effrontery with which they set up a plea of injured innocence. Is it no reasonable ground of hostile attack that the council of the college should have alienated the affection of the members, almost to a man, from the institution over which they preside?—that they should have created divisions in the college, and established a distinction, not merely in name, but conferring the only right to corporate privileges, where all were before equal?—that they should have first nominated themselves to this distinction, and then selected others for the enjoyment of it on grounds which could not but prove exclusive of, and insulting to, the great body of the members?—that they, the small minority, should have refused to listen to the reiterated memorials and remonstrances of the members at large? Are these no grounds for attack? Is the repudiation of the members of the college by the council no ground for the repudiation of the council by the members? Moreover, we tell the council of the College of Surgeons, that however high the college itself may have hitherto stood in the public estimation, they, the council, who throughout this document

so insidiously seek to identify the college with themselves, stand distinctly charged, as a council, with being unfaithful to, and incapable of, the high functions of the college, and that if the existence or prosperity of the college is threatened at all, it is through their exclusive proceedings, and the natural and inevitable consequence of the manner in which they administrate its concerns."*—*Provincial Medical and Surgical Journal*, June 25, 1845.

No. III.

The petition to the House of Commons by G. J. Guthrie, Esq., a councillor, and late President of the Royal College of Surgeons.

“That although your petitioner in his collective capacity has been compelled to accept the grant of a new charter to the said college, he considers several of its provisions to be illiberal, exclusive and unjust; that, independently of its placing a bar on the poor man, preventing in many cases his obtaining, by his own exertions, such places of honour as there may be in the profession of surgery, it offers unnecessary advantages to the richer student in the attainment of these offices, who may not possess half his ability, his perseverance, or his knowledge. It presses with peculiar severity on the officers of the public service, nearly the whole of whom are deprived by it of those privileges they had hitherto enjoyed in common with their surgical brethren of equal standing in civil life; whilst they will also be deprived in future of the hope of succeeding to these offices of honour and profit, whatever may be their ability or the pre-eminence they may have acquired in the service of their country, from their talents or their labours.”

The petition, after further dwelling upon the injustice inflicted upon many in the public service, prays for a supplementary charter as a remedy.

* The observations of the Political and Medical Journals, on the same subject, would fill a large volume. The extracts which I have quoted are among the most moderate in the expression of opinion.

No. IV.

PROTEST.

To the PRESIDENT and COUNCIL of the Royal College of Surgeons.

Gentlemen,

Feeling confident, after the sacrifices which I had made in my endeavours to promote the science of medicine, that an impartial estimation of my claims would have entitled me to be named among the first of those who were elected fellows of the College under the new charter, I cannot but consider the intentional omission of my name from the list which has just appeared as an affront, attributable either to the exercise of an influence hostile to me individually, or of the unfair partiality which in other instances has afforded such strong grounds of complaint, and I protest against the injustice which has been done me by so unwarrantable an abuse of delegated power.

I am, Gentlemen,

Your obedient Servant,

EDWIN LEE.

Upper Southwick Street,

Oct. 16, 1844.

To the Right Hon. Sir JAMES GRAHAM, Bart., &c. &c.

Sir,

I respectfully solicit your attention for a few moments to the following statement, of one among the many instances of abuse of the power of the new charter granted to the Council of the Royal College of Surgeons, as regards the selection of a certain number of the members to be created Fellows possessing peculiar privi-

leges. The first list published by the Council excited considerable dissatisfaction among the profession, in consequence of the very partial manner in which several gentlemen, whose diplomas are only of a few years date, and who possessed no special claim to be preferred, were elected to the exclusion of many others much their seniors, and who, in other respects, were more entitled to be included. This was felt to be the case even by some members of the Council, and it was partly admitted in a manifesto from the College, that some who had strong claims might possibly have been inadvertently omitted, which omissions would be rectified in the second list. In order to prevent any such inadvertency as regards myself, I had previously submitted my claims to the consideration of the Council, and being well known in the profession, at home and abroad, as the author of several works, on which account most of the principal medical societies in France, Italy, and Germany, had conferred upon me their honorary diploma; being also the successful competitor of the collegial prize, offered for the best essay on one of the most important subjects in surgery, I had just reason to expect that I should have been among the first chosen. I have, however, been excluded from both lists; and by this means, after having devoted many years, and expended much money, in my endeavours to promote the science of medicine, I am now, as regards the College, placed in a position inferior to many who are several years my juniors, and to others, whose claims could in no wise compete with my own before any impartial tribunal. Feeling this to be the case, I cannot but consider that my exclusion has been caused by the exercise of an influence hostile to me individually; the more especially as one of the most justly esteemed members of the Council stated, that he thought I had been elected, and that nothing could be openly advanced against the validity of my claims. I have thus, Sir, stated as briefly as possible, the injustice which has been done me, by the covert attempt to place an obstacle in my professional career, which has excited the indignation of my friends, acquainted with the circumstances; thinking it right that the way in which a power, delegated to effect good purposes, is frequently perverted to sub-

serve individual ends and animosities, should be made known in the quarter whence redress is most naturally looked for.

I am sir,

Your most obedient, humble Servant,

EDWIN LEE.

18 Oct. 1844.

TO EDWIN LEE, Esq.

Sir James Graham presents his compliments to Mr. Edwin Lee, and begs to acknowledge the receipt of his letter of the 18th inst.

The selection of Fellows of the Royal College of Surgeons is vested in the Council, and Sir James Graham has no authority to interfere with that body, in the exercise of their discretion on this point.

Whitehall, 19 Oct. 1844.

TO THE RIGHT HON. SIR JAMES GRAHAM, Bart., &c. &c.

Mr. Lee begs to express his thanks for the considerate attention which Sir James Graham has bestowed on his case, and takes the liberty of enclosing the last list of Fellows, the great majority of whom are unknown in the medical world, beyond their respective localities; and a glance at the recently dated diplomas of several among them, will sufficiently refute the assertion of Sir Benjamin C. Brodie, that Mr. Lee's claims have had every fair consideration. The suggestion of Sir B. C. Brodie, that one of Mr. Lee's position, in the estimation of the profession in England and on the continent, should again subject himself to an examination, and pay a sum of money to the College, for that to which, by seniority and in other respects, he has a much greater right than very many of those who have been elected, tends to confirm Mr. Lee in his suspicion of the hostile feeling, which he has grounds for believing has existed, towards himself, and is the real cause of his exclusion, which is farther corroborated by the circumstance, that the number of Fellows which the Council was empowered to create, on

the last occasion, was not restricted, as also, by the supposition of the eminent member of the Council alluded to, that Mr. Lee had been elected, and his opinion, that nothing could be openly advanced against him, or the validity of his claims.

Sir James Graham will be able to form some estimate of the feeling excited among the profession, by the manner in which the Council have exercised the power of selection, from a perusal of the remarks on the reverse of the list, in the Medical Journal whence it is extracted.

Oct. 20, 1844.

To Sir B. C. BRODIE, Bart., President of the Royal College of Surgeons.

Sir,

I take leave to express my surprise at the assertion which you have made in reply to a communication from the Home Office, respecting the omission of my name from the list of Fellows of the College, viz. that my claims have had every fair consideration; inasmuch as I conceive, that there are few persons in a position to know better than yourself, how much more valid they are, than those of a very large proportion of the gentlemen who are included: having commenced my education as a pupil of the College, attended your lectures nearly twenty years ago, filled the office of House Surgeon to St. George's Hospital at the time of your official connexion with that institution, and being known to you as the author of one of the Jacksonian Prize Essays, as well as of other works on medical and surgical subjects: having, moreover, since my admission as a member of the College, sixteen years ago, always maintained the dignity of the profession, and endeavoured, as far as my opportunities allowed, at great personal sacrifice, to advance the science of medicine.

Without entering into the question as to the superior eligibility of many gentlemen whom the Council have thought fit to enrol among the Fellows, to that of others who have been excluded, I beg to inquire, as you admit that there are many others of acknow-

ledged pretensions, besides myself, in the latter category, upon what grounds these gentlemen have not participated in the honour, as the number of Fellows, which the Council was empowered to create, on the last occasion, was not restricted.

You must be aware that your suggestion,—that I should submit myself to an examination, in order to obtain that to which I have a much greater right than very many of those who have been preferred before me—is not likely to be adopted by any one of my standing in the estimation of the profession in England and on the continent; and, I must add, that I regard such a suggestion, on your part, as an aggravation of the very great and manifest injustice to which I have been subjected.

I am, Sir,

Your very obedient Servant,

EDWIN LEE.

28, Upper Southwick Street,

Oct. 28, 1844.

No. V.

In a national point of view the charging for medicines is most injurious. The health of all patients who are drenched with medicines by those who systematically make their incomes from them is seriously affected, though not always obviously. Poorly paid as medical men in general are at the best, the temptation to consider rather the pecuniary results than the salutary effect of large quantities of physic is too great for the virtue of many; and the deleterious habit of swallowing vast quantities of drugs, and the consequence of regarding with suspicion the man who pursues the honest course of giving no medicine which is not absolutely essential, are productive of an incalculable amount of misery to invalids. The per centage plan of some physicians and pure surgeons leads them to follow their brethren of lower grade in “pouring in” the medicine; and thus their sanction, the motive for which is not less influential, however little it may be suspected, tends to keep up the deadly practice. It is to the fact that the homœopathists give a

mere semblance of medicine, and pay great attention to the regulation of diet and other matters affecting the health, that they owe their great and increasing success. Homœopathy, according to its strict professions, verges at least on quackery, but the very general practice of homœopathsists in trusting chiefly to the effect of diet and the due regulation of all ordinary matters affecting the animal economy, rather than to swilling their patients with physic, is consistent with the purest science. They err, of course, at times, in withholding necessary remedies, but on the whole their practice is often far safer than that of the regular drenching practitioner. There can be no doubt that the homœopathsists, from their great attention to diet and the like, and from their sparing patients the discomforts, so constantly utterly needless, attendant on the exhibition of active medicines, have got a stronger hold on the confidence of many of the most profitable classes of patients than is due to what they profess to be their peculiar principles. Under the humbug of globules they conceal their science. Indulging in a sufficient amount of quackery to excite curiosity and engage attention, relying on *omne ignotum pro magnifico*, they dispense with, instead of dispensing, active medicines, and virtually leave the *vis medicatrix naturæ* to work out its natural consequences. How infinitely better it is to trust a physicking mother with globules than with gray powders! How far better in the vast majority of cases to give a sham dose of coloured water than a vigorous draught! Were the general and per centage practitioners deprived of all inducement to prescribe more medicine than is actually needed, especially were they by the deprivation of all but loss from the quantity prescribed induced to prescribe as little medicine as the case could do with, the homœopathsists would soon find their credit at a discount—for where active medicines are really essential they fail—and not only would the human frame be saved from much needless wear and tear, but—what is as much to our immediate purpose—the profession of medicine would be freed from the taint of trade, and its professors would eventually be even pecuniary gainers.—*Times*, Oct. 17, 1845.

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MEDICAL REFORM QUESTION,

A SUPPLEMENT TO

REMARKS ON MEDICAL ORGANIZATION AND REFORM.

BY

EDWIN LEE.

FELLOW OF THE ROYAL MEDICO-CHIRURGICAL SOCIETY; CORRESPONDING AND HONORARY MEMBER OF THE IMPERIAL MEDICAL ACADEMY OF VIENNA, THE ROYAL ACADEMY OF MEDICINE OF NAPLES, THE MEDICAL ASSOCIATION OF PRUSSIA, THE MEDICAL AND CHIRURGICAL SOCIETIES OF PARIS, BERLIN, FLORENCE, &c.

LONDON :

JOHN CHURCHILL, PRINCES STREET, SOHO.

1847.



LONDON :

G. J. PALMER, PRINTER, SAVOY STREET, STRAND.

TO

THE RIGHT HONORABLE

SIR GEORGE GREY, BART.

SECRETARY OF STATE FOR THE HOME DEPARTMENT,

THIS VIEW OF

A PUBLIC QUESTION

OF PARAMOUNT IMPORTANCE,

IS RESPECTFULLY SUBMITTED.

TO THE

RIGHT HON. SIR GEORGE GREY, BART.

SIR,—The question of Medical Reform, although one affecting the dearest interests of the community, seems to be still far as ever from a settlement likely to prove generally acceptable; this, however, is not the case, for the prolonged agitation of the subject must have greatly tended to remove a chief obstacle to the introduction of satisfactory measures, viz., the difficulty in obtaining correct information respecting the actual state of the profession, which could scarcely be expected if sought from members, who, though in a position to afford such data, would be opposed to any material alterations, or desirous only of such as might meet their particular views.

“It would appear,” observed Sir James Clark, a few years ago, “that the members of the medical corporations are alone consulted on the subject, and that they, as might be expected, are strenuously exerting themselves to obtain all they can each for his own institution, while the claims and feelings of the great body of the profession seem likely to be lost sight of. Permit me however most respectfully to remark, that it is the general practitioners whom a sound measure of medical reform is calculated most to benefit. Let me remind you also that it is they who are principally calling for reform, and who, believing that they have little to expect at the hands of the present medical bodies, look to the legislature through you, Sir, to improve their position.”*

* Remarks on Medical Reform, a letter to Sir James Graham, 1842.

Hence, Sir, from too exclusive a reliance upon the above-mentioned source of information, notwithstanding the favorable disposition and great perseverance evinced by your honorable predecessor, his attempts necessarily ended in failure. With a view to lessen the difficulties by which he was impeded, I had the honor, shortly before Sir James Graham relinquished office, of inscribing to him a pamphlet containing a brief account of the plans of medical organization adopted in France and in the German and Italian states,* contrasting them with the leading points of our own system, respecting which I preferred to adduce the facts and opinions advanced by competent authorities, rather than obtrude too freely my own remarks; venturing at the same time to suggest some alterations which appeared to me practicable, and calculated to promote the interests of the profession, and as a necessary consequence, those of the community. Having treated the subject in detail, I am desirous, in reverting to it upon the present occasion, of soliciting your attention to the more prominent evils, trusting, by pursuing the same course as before, that a more impartial estimation of the bearings of so important a question will be attained than by the mere expression of the opinions of an individual; and I most respectfully and earnestly appeal to you, Sir, to employ the influence of your high office, in order to obtain from the legislature the great boon which would be conferred upon the country, by the adoption of such a measure of reform as would procure the abolition of abuses which have for so long a period been suffered to exist.

I have the honor to be, Sir,

Your very obedient humble servant,

EDWIN LEE.

Curzon Street, April, 1847.

* “ It is not a little remarkable that they who have attempted to reform the medical profession in England, have not endeavoured to procure some knowledge of medical legislation in other countries. Had this been done, we should not have witnessed the absurd attempt to enact as a reformation of the law in England, provisions which had been tried for nearly half a century in a neighbouring country, and which had so completely failed, that the foreign minister had found it absolutely necessary not only to abolish them, but to introduce measures of reform on entirely different principles. Such, however, was our position in 1845. While it furnishes a good lesson to medical reformers, it affords clear proof of the injury which may be done by crude and premature legislation.”—*Medical Gazette*, April 3.

THE MEDICAL REFORM QUESTION.

“Among our neighbours across the channel, more than any where else, the state of matters is such, that without an abnegation of opinion and personal interest on both sides, and unless enlarged views be brought to bear upon the question for the entire remodelling of all the existing medical institutions, it will be impossible to effect any profitable amelioration.”*

THE chief evil connected with the medical organization of this country, is the absence of any controlling power over the various bodies which have the regulation of medical affairs. This is an anomaly which excites the surprise of medical visitors from other countries, and is the source of much of the discontent which has at various times been brought under the notice of the legislature, and which, as no efficient means could be taken for its removal on account of the successful opposition made by interested parties, has continued to increase to the present day. In point of fact, the medical interests of the community, and of individual members of the profession, have thus been left at the mercy of corporations, which, instead of employing the powers entrusted to them for the public welfare, and for the advancement of science, have, as has become of late more generally apparent, greatly abused them for the exclusive advantage of the ruling few, and their more immediate connections. “The ignorance and supineness of our legislature,” says Dr. Grant, “as to everything connected with medical affairs, the total want of representation of our profession in the government of the state, and the despotic

* Review of “Remarks on Medical Organization and Reform,” in the Paris Medical Gazette.

powers granted to our irresponsible corporations, have rendered the medical community of England not only destitute of all redress or appeal against arbitrary oppression, but more disunited, disaffected, and degraded, than the subjects of eastern despots. The irresponsible members of the self-elected juntas acting collectively in the secrecy and disguise of committees, clubs, and councils, are guilty of acts, as every one knows, which they would not dare to perpetrate on their individual responsibility, and thus they have unblushingly but notoriously, sunk the standard of medical education and attainments in our country; they have dismembered and disaffected the profession, they have made its contention a proverb of ridicule, and ruined its respectability; they have obstructed every advancement, and especially in such departments as depended more immediately on their influence for support; every improvement introduced has been made not by their aid, but always in despite of their opposition; they have debased the generous practitioner of medicine from a benevolent and charitable philanthropist, to an arrogant, contentious, illiberal, avaricious and selfish misanthrope.”

“We have at present totally independent medical examinations instituted, and totally independent medical licences granted by the University of Edinburgh, the Royal College of Surgeons of Edinburgh, the University of Glasgow, the Faculty of Physic and Surgery of Glasgow, the Royal College of Physicians of Edinburgh, the Universities of Aberdeen, St. Andrews, and of Dublin, the Army and Navy Medical Board, the Dublin Apothecaries Company, the Dublin College of Surgeons, the London College of Surgeons, the Apothecaries Company, the Universities of Oxford and Cambridge, the London College of Physicians,—an absurdity of legislation unparalleled in the history of any civilized country, the most ruinous to the best interests of the community, and the most injurious which the human imagination could devise to the respectability and usefulness of the medical profession in England.”*

An influential member of one of the English corporations admits that “these bodies are all independent of each other; there is no bond of union between them; they have to legislate for

* The Present State of the Medical Profession in England, being the annual Oration before the British Medical Association, by Robert Grant, M.D., F.R.S., &c. 1841.

a profession, the different branches of which are necessarily much connected with each other, but they all act separately. They are responsible only to themselves, and to the slow operation of public opinion, and we cannot shut our eyes to the fact that their interests are not always identical with those of the public.”*

Another member of the same corporation (the College of Surgeons) likewise observes,—“ I cannot but think that on reflection it will be evident, that the present condition of the medical profession, as far as it is dependent upon existing laws, is lamentably deficient in the requisite conditions of its efficiency. The absence of any uniform standard of qualification in consonance with the needs or requirements of some acknowledged measure of professional competency, withdraws attention injuriously from the organization of medical schools, and the institutions connected with them, removes the wholesome and efficient checks which would prevent the licensing boards from consulting their own interests, instead of those of the profession and of the community, deprives the public of the *criteria* of competency and attainments which it is qualified to estimate where the diploma or designation has a definite meaning and determined value, and finally, leaves the public and the profession without protection or safeguard from the ignorance or dishonest acts of uneducated and designing pretenders.” †

The spirit which from the beginning has pervaded the proceedings of the corporations in England, may be estimated from the effect of a bye-law made by the College of Physicians, that its members should not exceed a given number, (originally twenty, and subsequently forty,) notwithstanding that by the provisions of their charter, it was ordained, that all persons properly qualified should be admitted. “ The invariable effect of the above bye-law was, that no person, however qualified, could obtain admission when the select number was filled up. The rejected candidate, however, was not always made aware of the *real* ground of his objection; consequently, when admission was refused to a qualified candidate, it was always done on the plea of incompetence to pass the customary examination. Thus, a candidate possessing every qualification that could adorn the profession or

* Article, Medical Reform, in the Quarterly Review.

† The Touchstone of Medical Reform, by J. H. Green, Esq., 1841.

do honour to the college itself, was sure to be rejected on the pretence that he was 'ignorant,' where in reality it was under a private bye-law which condemned him to exclusion before he entered the college-hall. It would be superfluous to dwell upon the injustice of this proceeding, or to describe the feelings of a deserving man, who had been rejected, not only without any reasonable cause, but left with a cruel stain upon his reputation, calculated to ruin his hopes of professional advancement."

The same principle was carried out at a later period, when the monopoly of practice could not be restricted to a select few, by the division of physicians into distinct grades of fellows and licentiates. "By virtue of a bye-law, no person was qualified to become a fellow unless he had graduated at Oxford or Cambridge, which scarcely possess an apology for medical schools, to the complete exclusion of graduates of other universities, *the most noted for medical science and education*; so that many physicians, graduates of Edinburgh and other non-privileged universities, when desirous of practising in London, preferred taking a diploma in surgery, rather than submit to the implied degradation of acting upon a mere licence, or of voluntarily taking a position in which they must witness the annual arrival of *two young men from the English universities*, to be placed permanently over the heads of themselves and the whole community of physicians, to which as licentiates they belonged, whatever their age or experience might be." *

"Young men," says the author of the Quarterly Review article, "with the smallest possible amount of medical science, were at once admitted as fellows, while some of the most experienced and accomplished physicians remained in the ranks of the licentiates. Nor was this all; no regulation was thought to be necessary as to medical education,—the degree of M.D., which in itself means little or nothing, as there are universities where it may be purchased for a few pounds, with two years' residence at any university, being all that was required. The consequence was, that many were admitted as licentiates, and even as fellows, whose medical education was inferior to that of the apothecary."

In fact, the chief opportunity of seeing practice, which most young

* A Sketch of the Medical Monopolies, addressed to the Right Hon. Lord John Russell. By James Kennedy, M.R.S.L. 1836.

physicians from Oxford or Cambridge possessed, was during the period of their "walking the hospitals," for two or three seasons after leaving the university, and was, consequently, less than that enjoyed by the majority of apprentices to general practitioners, who, notwithstanding the valid objections to the system of apprenticeship, are nevertheless able to see a good deal of practice, and of the economy of the sick room, before attending the hospital courses; so that when the higher scale of compensation is considered, it is not surprising that so few, unless distinguished by extraordinary talent, should succeed in obtaining much practice, at all events until advanced in life.

The testimony of the "Medical Gazette," corroborates the above statements. "For a long period the fellowship was almost exclusively conferred by their bye-laws, upon those who had been educated at the English universities. A graduate of Oxford or Cambridge, though deficient in the really practical knowledge of his profession, was admitted almost as a matter of course into the order of fellows, while one who had worked the greater part of his life in an hospital or an infirmary, or at the bedside of the sick, i. e. the really practical but perhaps unclassical physician, was excluded from the honour, because his testimonials did not bear the university stamp. Classics are very useful and ornamental in their way, but they will not supply the want of sound knowledge of anatomy, medicine, or materia medica; they will not save a life, or render a man a physician at a time when his services are most needed."—Jan. 22, 1847.

"Does the history of medicine," inquires Dr. Grant, "present a more pitiful spectacle than the efforts made by this college to injure such men as Dr. Wells, Dr. Armstrong, Dr. Wright, the illustrious Dr. Good, and others, alike esteemed for private virtues and professional eminence?*" If the college has never been respected by the respectable members of our profession, it is because it has never sought by a single generous or virtuous act to merit a scientific character, which it has vainly struggled to assume, when honour might have accompanied its election.

* Dr. Mason Good, was rejected at the examination. His work on the Practice of Medicine, is the most elaborate and learned which we possess, of which a recent edition was edited by Mr. S. Coeper, late President of the College of Surgeons.

Every trace of such accompaniment to its distinction, must long since have been effaced by a systematic career of unprofessional usurpation and intrigue, alike revolting to every honourable feeling, and without a parallel in the history of medical institutions. But the humiliation the most deplorable, and the spot the most indelible on the spotted history of this illiberal corporation, is the disdainful rejection of its fellowship by several of the most eminent physicians of our country when offered for their acceptance. Dr. Arnott, not less illustrious as a philosopher than distinguished as a skilful and learned physician, Sir James Clark, physician to the Queen, and other ornaments of our profession, have declined to accept the proffered fellowship of the College of Physicians.”

Since the question of reform has been mooted, a few alterations have been made as respects the more free admission of licentiates of a certain standing to the fellowship, though it appears that many partial admissions and unjust exclusions still take place. “If we mistake not,” says the Medical Gazette, “the college has in some instances of late behaved with very great illiberality and harshness in excluding from examination for the degree, persons who, upon the assumption of liberality set forth, ought to have been unhesitatingly admitted. They have also only tardily elected men whose names ought to have been long since on the list of fellows; but here we think we perceive the effects of that university bias which their memorial displays.” And again, in a later number of the same journal, with reference to town and country licences,—“If it be the case that the Royal College of Physicians have granted an extra licence to practise medicine on a trivial examination of less than an hour, it reflects disgrace on the College. We do not wish to specify cases, but we could easily point out some serious abuses to which the distinction of extra and infra-urbem licences leads; and show that the fellowship has been conferred on men who were good classical scholars but most ill-informed in their profession.”—(May 1846.)

It appears that the college has lately presented a memorial for a new charter, to confer additional powers and include within its jurisdiction all physicians practising in England, by incorporating them with it. Graduates of British universities previous to 1842

to be admitted on producing satisfactory testimonials and *paying a certain fee, without examination*. And also extra urbem licentiates not possessing the degree of M.D. from a British university, after submitting to an examination ; upon which the Gazette (March 6, 1847) justly observes, “ The simple truth is, that the college cannot attain the object at which it aims by a retrospective legislation. It should open wide its portals, without demand of fee, to all physicians now practising in England and Wales, whether by courtesy or by right, and whether British or foreign graduates, provided the diploma has been obtained by bonâ fide residence and examination.

The number of physicians, however, being but very limited, as compared with that of the general practitioners, of whom the majority are members of the College of Surgeons, the similar system of misrule and injustice pursued by its self-elected council has been necessarily more generally prejudicial. Family influence or private connexion being usually the predominating claims to hospital appointments, and subsequently to a seat in the council, the consequence has been that, although it has included eminent characters distinguished for their attainments, as has also the council of the College of Physicians, yet that a large proportion of its members have been known only from their names being before the public as occupying these positions, and not from anything which they had done to merit such distinction. The members at large, after paying their examination fee of £22, having no voice in the affairs of the corporation, and the income thus acquired being in great part divided among the council, it is obvious that in proportion to the number of candidates who passed the examination, the larger would be the share of each one. Hence a chief source of abuse ; for, notwithstanding that the examination is merely *viva voce*, it has been till of late extremely lenient, usually lasting from a quarter to half an hour, so that negligent students did not experience much difficulty in obtaining the diploma by means of the process of *cramming* for a few weeks previously.* The laxity of examination was such that, according

* The examination hitherto instituted at the College can hardly be said to have any higher view than that of ascertaining the minimum of qualification and attainment at which a practitioner may be supposed fitted to undertake the duties, and

to the evidence of Mr. Guthrie, (himself a member of the council,) as quoted by Sir James Clark, many were allowed to pass “ who could not spell very common words in their native language.” “ What the acquirements of the candidates for the college diploma were before 1836, Mr. Guthrie does not inform us; but such it seems is the deplorable state of ignorance of those permitted to pass the Royal College of Surgeons. Are men so educated worthy of being intrusted with the important duties attached to the ordinary medical attendants of the community? Is it surprising that quacks and quackery should thrive when such is the education of the regular practitioner? Such a state of things ought not to exist in a civilized country, and would not have existed at the present day had the institutions entrusted with the regulation of medical education done their duty.” *

The examination at Apothecaries' Hall being more searching, was in many instances dispensed with by students who, after passing the College, were thus authorised to practise as consulting surgeons; arranging (when they had practice) with a druggist to supply their medicine; and the facilities were still further increased by the council reducing the age at which candidates might be examined from twenty-two to twenty-one years. “ From the time the apothecaries obtained their act,” observes the author of a pamphlet, “ the whole history of the College exhibits a succession of paltry shifts to undersell that company, and reduce the examination to such a point of laxity that students should not be frightened away. Nor was this all, for as if the age of twenty-two involved a sacrifice of more years to study, you soon after reduced it to twenty-one, rather than give the apothecaries the advantage of one year in the miserable competition you had now entered upon: you were thus fostering the growth of the half-educated hybrids I have described, who, while they piqued themselves upon their purity, had really no distinguishing feature but the fear of the funking-room in Blackfriars, and who made a virtue of necessity by pretending to an exclusiveness, of which the only real element was the exclusion of knowledge.”

perhaps few would be bold enough to say that the diploma of the college is a reliable voucher of the skill and knowledge required in the ordinary exigences of the profession.”—*Mr. Green, on Medical Reform.*

* Second Letter to Sir James Graham.

“It seems you were not unmindful of sending out into the world men so different as I have described with one and the same diploma. No; all the while the fellowship was *in petto*, you attempted it indirectly by means of the ordinance of 1836; but this failed, and there was nothing left but the new charter.”*

This charge of facilitating the acquisition of the diploma for the sake of the fees, is virtually admitted by the writer of the article on Medical Reform in the Quarterly Review,† who says,—“If we take into the account that it is in the nature of corporations, as well as of individuals, to like the acquirement of wealth, we cannot fail to perceive that the college have a direct interest in having as many applicants for their diploma as possible; but this is not what is wanted by the public.” And also in the manifesto published by the council of the college two years ago, this principle of action was apparent and gave rise to the following indignant remarks of a leading public journal: “It is impossible that the manifesto of the council of the College of Surgeons in the late letter of their secretary to the honorary secretaries of the National Association of General Practitioners, can fail of producing the conviction on all right-minded men of the absolute impropriety of entrusting to the council any share in the examination of future general practitioners. The more that manifesto is considered the more decided must be the conviction that the council have not only wilfully and systematically, but from mere mercenary motives, betrayed the trust reposed in them. Until we read that letter we could not have believed that any body of educated men, far less that any men affecting to take a high standing in one of our learned professions, could have followed such a thoroughly dishonest line of conduct as the council avow that they have deliberately pursued. We have reason to believe that the document itself was, to their disgrace, the deliberate composition of the majority of the council. We expressly say “*of the majority*,” for we know that of the council there are some who, though as a minority, unable to carry their wishes into effect, are not deserving of the condemnation due to the council as a body; and as a matter of mere justice we are bound to keep this fact prominent.”

* “A few words on the Fellowship,” by an Old Member of the College.

† Ascribed to Sir B. C. Brodie.

“It is difficult to restrain the expression of our indignation at the disgraceful conduct of the council. For what were their powers entrusted to them? That the mass of their profession should be educated as slightly as possible, so as to keep up a necessity for a distinct body of consulting surgeons, or for the good of the public?—that the principal hospital surgeons and teachers should enjoy a monopoly in London of the best practice, and should secure that monopoly by sending forth with the sanction of their testimonial, a host of ill educated men, or that the nation at large should be well supplied with surgical attendants, qualified for *all* exigences? Will the legislature, after the shameless avowal of the council, think them a proper body to be entrusted with the education of future general practitioners?”—*Times*, April 19, 1845.

From the following account of the candidates for diplomas from the English medical bodies, during eleven years, 1823—33, it will be seen that in proportion as the examining fee is large, the rejections are less numerous.

	Examined.	Rejected.	Rejected out of 100 examined.	Fees paid by the approved Candidate.
				£ s.
College of Physicians.	123	7	5.3	56 17
College of Surgeons. .	4621	316	6.9	22 0
Apothecaries' Company.	4843	666	13.8	6 or 10*

Medical Almanack, 1841.

It appears, however, that of late years the examinations at the College of Surgeons have been somewhat more strict. With reference to the increased numbers admitted into the profession, as shown by a parliamentary document, the *Medical Gazette* observes, “The number of persons licensed to practise amounted in three years to 2,721, viz., 1,576 surgeons, 953 apothecaries, and 192 physicians,—a number which appears to be far greater than the rate of mortality among existing members of the profession

* Six guineas for those intending to practise in the country—ten for London practitioners.

or the progressive increase of the population can render necessary.

“A contemporary has suggested that it would be a benefit to the profession if the universities and colleges of the United Kingdom were prohibited from granting diplomas for several years, and arbitrary as such a rule may appear, we verily believe that it would be attended with less evil to the community and to the profession itself than the continuance of the practice here brought to light, viz. of sending out yearly on the population of this country an army of 269 physicians, 660 surgeons, and 373 apothecaries, deriving their qualifications from sixteen different systems of study, and receiving their licences to practise from as many different colleges, universities, and societies.”

The circumstance stated in a medical Journal, (Times,) that an examiner of the College of Surgeons on retiring, disposed of his post to a successor, not the next in rotation, on the condition of his receiving half the yearly examination fees, scarcely needs comment, but suffices to show the extent to which this abuse may be carried; and according to the same authority, it does not appear that this gentleman was distinguished as a teacher, which would give him a special claim to the occupancy of such a position. “His endeavours to oblige his friends, his holy zeal to do battle for the cause of the company, ensured his elevation in the rotation of collegiate honours. A negative merit, a recommendation in their eyes guaranteed the votes of the majority of the council. In vain do you search the records of the college, the annals or archives of medicine for the name of ——. No brochure, no article, no essay, no octavo or duodecimo exists to enlighten us or posterity upon the views which he entertained, and for which his admiring and disinterested colleagues placed him in the post of honour and emolument.”*

I am unacquainted with the gentleman thus referred to, and

* This it seems is not from any strong disinclination to appear in print, for in the same number of the Journal is an advertisement in which Mr. ———, certifies that he can “with much satisfaction recommend to the public the boot or shoe denominated Impilia—its peculiar advantages,” &c. There is also a similar statement from another gentleman who had occupied the president’s chair of the College, but who in other respects is I believe unknown in the medical world, as regards anything he had done to advance the science of surgery.

have no other feeling in making this quotation than that which all well-wishers to the profession must entertain on learning that a post of high trust should have been made an object of traffic. Mr.——, has the reputation of being a good practical surgeon, and indeed nothing less could be expected from one who has been connected half a century with a public hospital, as he actually stated on retiring a short time ago, in an advertisement for the purpose of recommending his nominee for the vacant assistant surgeoncy.

When the system is considered which has so long prevailed of the distribution of diplomas, conferring a right to practise upon young men of one or two and twenty it does seem inconsistent that so great an outcry should be raised against the diploma of M. D. said to have been transmitted in several instances from some German universities to persons in England; which diplomas there is every reason to believe were in many cases forged, as was lately stated in a letter from professor Liebig of Giessen. Professor Canstatt also informed me that although the diploma of his university (Erlangen,) had in a few instances been granted to known individuals in other countries, yet that a personal attendance and examination was with these exceptions always insisted upon. These diplomas, moreover, are merely preliminary in Germany to the state examination, which is strict, is divided into several parts, and which alone confers the right to practise.

It need not therefore excite surprise when such a state of matters has been allowed to continue during a long series of years in England, where from the greater expense of living, the pressure is more felt than in other countries; that instead of the prevalence of a spirit of harmony in well-doing, there should exist in the profession so much disunion, so many indirect ways of seeking to obtain practice, frequently by depreciating others, and that such numbers after having expended their means, and the best years of their lives, should fail in obtaining an honorable livelihood, and should be under the necessity of abandoning the profession, many doubtless considering that they were individually unfortunate, when in fact the cause was more frequently attributable to the system pursued. I must consequently express my dissent from some of the observations which Sir B. Brodie

so frequently takes an opportunity of making, and which coming from one in his position have the greater weight in tending to raise expectations doomed in many instances to be disappointed. "You have undertaken nothing which energy, perseverance, and upright and honorable conduct will not enable you to accomplish."

"It cannot indeed be predicted of any individual to what exact extent he may attain professional success; but having had no small experience in the history of those who have been medical students, I venture to assert that no one who uses the means proper for the purpose, will fail to succeed sufficiently to gratify a reasonable ambition."

"I have never known an individual who thus applied himself seriously and in earnest to his task whose exertions were not rewarded by a reasonable quantity of professional success, such as would be sufficient to satisfy any but an inordinate ambition."*

Let, however, students look around them, or inquire among their friends, and if they do not see enough to prevent their hopes from being highly raised, they will doubtless for the most part before many years have elapsed, acquire of themselves sufficient experience to place a just estimate upon these statements. How many persons might there not be named who have obtained distinction as lecturers, hospital physicians and surgeons, as well as students intended for general practice, who have never been able to realise their just and reasonable expectations, besides the numbers who have altogether relinquished the attempt. Mr. P., the annotator and editor of Hunter's works; Mr. B., Mr. S., and others, connected with St. George's hospital, and well known to Sir B. Brodie, who had particularly distinguished themselves as students and house surgeons, as well as subsequently might be mentioned. Was not the case of Mr. King an instance that the more a man distinguishes himself, the more opposition he must often expect to encounter from those who apprehend competition, and who have the power to obstruct his elevation. As the history of this gentleman is probably only known to few persons in the profession, I will quote the notice of it from the introductory Lecture of Mr. Dermott, a gentleman

* Introductory Discourse on the duties and conduct of Medical Practitioners.

with whom I am personally unacquainted, but whom I have known for years by report as a zealous teacher, and whose case, in being excluded from the college fellowship, was adduced in parliament as one among the many instances of injustice perpetrated under the charter. In allusion to lecturers who hold out high expectations to pupils, Mr. Dermott observes, "They will tell you perhaps what Hunter did, the immortal eminence he attained, and that emolument and fame lie before you—ready for your grasp. But these are untruths, gentlemen, and most cruel untruths, because they are calculated to deceive you; and those who are the promulgators of them are fully aware that ere long sad experience will prove to you that what I am about to tell you is but too true. I do not want to discourage you, but we must know the malignant evils which corrupt medical society, in order to get rid of them; and you should not be deceived by delusive prospects. These 'professors,' gentlemen, in their introductory lectures, point to a fallacious meteor; they tell you of the bright sunshine of public approbation, but when you arrive at the summit of the eminence, you find a deep and dark gulf of monopoly separating you from the object for which you first started—the reward of public favour, and reasonable pecuniary emolument,—great fees, golden tolls, family patronage, are the passports over this gulf of corruption, as though talent, family interest, morality, and money, were generally, or even necessarily, combined in the same individual."

"We have the golden bar of exclusiveness put up between the mass of pupils at large and the favoured few. The industrious pupils after spending their money and time in London, return from the metropolis in shoals with empty pockets, heartless and prospectless, and are in mockery told that the profession is overstocked. Some having no solid reward in sight as a stimulus to study, sink into idleness and dissipation, whilst the least meritorious, the most-monied and family-patronized pass through the wicket and over the suspension-bridge of monopoly. This is absolutely the state of the medical profession. We have dresserships, house-surgeoncies, appointments in the army and navy, lectureships, physicianships, and surgeoncies to public institutions, and in fact to all medical offices of trust obtained by pur-

chase, private patronage, and chicanery. Personal solicitations, begging or canvassing from door to door, sycophantish placards and advertisements, are had recourse to—a system which degrades the medical man below the most paltry shopkeeper whose favour he solicits—is a blasphemy and insult to the very name of science, and reduces the whole of the profession to a placarding, favour-begging, and advertising body of the lowest and most servile stamp. As the results of this system, we have the dastardly board-room brawls, and intrigue of party and private interests, whence spring the horrid jealousies, narrow-minded feelings, and bad actions which dishonour the medical profession, and which proved the death-blow even of John Hunter.

“There is in our present system encouragement to vice and discouragement to morality; there is preferment without talent, not preferment as the result of it. Our universities and hospitals are so many ‘rotten boroughs,’ where a system of favoritism and private interest is fostered. And thus are science and human life in this country made the victims of private interest and party cabal.

“We have the non-medical governors of our institutions called upon to do what it is impossible they can do, viz. to judge of the comparative medical merits of candidates. Thus the vast majority are deceived by mere ‘hearsay,’ which at best is a most treacherous informant; and thus are the governors made the mere tools of the medical officers already in power.”

“Let us refer to the evidence of Mr. King, given before the Parliamentary Committee of Inquiry into Medical Education, in the year 1834. He stated, that during his career in Paris he obtained many professional honorary appointments. He obtained the distinction of being a member of the *ecole pratique* at the first *concoure* on the first attempt. He next obtained by similar *concoure* an appointment as dresser at the public hospitals, and after that he competed for the prizes which are given every year after public *concoure* to the members of the *ecole pratique*. The next year he competed for the *interne*, which is somewhat similar to the office of house-surgeon to our hospitals; and on the second *concoure* he obtained the nomination of provisional *interne* for the following year; on the third *concoure* in the hospital, he was elected the second *interne* at the Hotel Dieu. At the time Mr.

King was elected he had the good fortune to be unanimously chosen ; and his name being most conspicuously an English one, and the trial public, the question arose whether or not, being a foreigner, he was eligible. After some deliberation, it was decided that foreigners should be admitted to the *concours*, and that they were eligible ; and the expressions used by the reporter on that occasion were, ‘ that the council being influenced by motives of a high national order, had in their wisdom declared that France was the country of all the talents that would honour and serve her.’

“ At the end of each year Mr. King obtained a prize ; and during his service at the hospitals, he obtained by *concours* the gold medal which is given for the best register of cases and the best reports thereon. Mr. King further stated, that ‘ the men who distinguished themselves at *concours* are those on whom the eye of government is constantly fixed for the conferment of public honours and trusts.’ Mr. King afterwards unfortunately came to England. ‘ I was then not admitted,’ says he, ‘ for examination at the College of Surgeons until after making several applications. There was considerable delay and deliberation.’

“ He became a candidate for the assistant-surgeoncy to St. George’s Hospital ; but the result was that he was given to understand by one of the full surgeons of the institution, that no man had any chance of becoming hospital surgeon unless he had been an apprentice or pupil to the hospital. Thus a man may be reduced to beggary in England by pursuing the same course which infallibly leads to the highest distinctions in France,—for preferment medical men will not get in England without patronage. Poor King in leaving a foreign land to exercise his talents in his own country, fell from prosperity, lost sight of all his bright prospects of future advancement, and died the victim of despair.”*

If, therefore, failure be the fate of many, notwithstanding the advantages of education, combined with qualities from which but for the abuses referred to, a prospect of success might reasonably be entertained, how much more likely is it as regards others less distinguished, and what reserve ought there not to be

* Sir C. Bell, Mr. Carpue, and many other distinguished members of the profession, may also be cited as instances that success in practice is not in England dependent upon high qualifications.

in addresses to students, lest their expectations be unduly raised ; unless indeed the object be to elicit applause from hearers, most of whom are not likely to have had many opportunities of verifying how frequently words do not accord with the realities met with. The inculcation of “generosity of character, self respect, the resisting selfish interests,” &c. is all very proper in the abstract ; but when before a mixed audience in further appeals to impress these points, students are told that “the greatest prosperity would be destroyed by arrogance and selfishness,” and so forth, some of the older hearers might think the remark not very apposite, inasmuch as there would be little probability of the great prosperity of any of those present being so destroyed ; others who had attended to the course of matters of late might probably consider this as an attempt to give the change with respect to allusions, which had not unfrequently been made to the speaker, and not without reason ; for, could a greater degree of arrogance have been displayed than in the documents publicly put forth by the College Council, under the presidency of Sir B. Brodie ? or in his speech respecting the general practitioners, members of the college, who, “for aught he cared, the College of Physicians might take,” as was recorded in a medical periodical, as also in several instances towards individuals ; nor is it likely as regards selfishness, that portions of the public and medical press of opposite parties would so distinctly have alluded to any one without good grounds ; but I should not have adverted to general allusions of this nature unless I felt satisfied of their correctness from some instances which have come under my cognizance. It is painful to speak in these terms of one occupying an eminent position ; if however this position be made available for the injury instead of the benefit of the profession ; and when there is still every determination to persist in obnoxious measures, notwithstanding all that has been said, and the general dissatisfaction which continues to prevail, it becomes a duty to notice conduct which, if merely affecting individuals, need not have elicited public comment ; and it would be an injustice to me to suppose that in so doing I am actuated by personal animosity, for I would willingly have avoided, and indeed did avoid, any reference to these circumstances, on adverting in my pamphlet of last year, to the indirect proceedings pursued towards myself ;

and at a time when I could not anticipate a recurrence to the subject.*

With regard to the injustice to which the members of the college were subjected by the invidious selections under the charter (against which Mr. Guthrie presented a strong petition to Parliament,) it would be in vain to expect redress so long as the same influence continues to prevail. "The unjust and insulting conduct of the council (says the Times,) towards the vast majority of the members, was the *fons et origo mali*. The council must remember that it is some of themselves alone who are individually obnoxious to the members, and though 'the pures' are frequently spoken of in an angry tone by the other members of the college, this happens solely through the fault of the council, and that if once the fellowship were thrown fairly open, the annoying distinction would no longer exist."

"The members with an unprecedented unanimity, have declared themselves wholly dissatisfied with the constitution and government of the college—the fellows have been silent in its defence, and the council have avowed in a manner never to be forgotten, and in a tone carrying conviction to all that they have systematically and for selfish ends abused the trust reposed in them, and purposed—let us hope they purpose no longer—to continue in the same course of abuse."† July 7, 1845.

* These were manifested at the outset of my career, and more recently as regards my exclusion from the college fellowship, when in reply to a letter from Sir J. Graham inquiring the reason, Sir B. Brodie stated that my claims had received every fair consideration, and that the examination was open to me; notwithstanding he was well aware that I was a member of many years standing, had obtained one of the college prizes, besides other strong claims. Though no one can be injured by not possessing the fellowship—of which the value is pretty justly estimated—still this could not be known at the time, and the attempt sufficiently shows the prevailing animus.

† A correspondent in one of the last numbers of the Medical Times, observes, "As an illustration of the mode in which the powers of the present charter were abused in the choice of fellows by the self-elect, the writer of this knows a gentleman whom a teacher took with him as a witness, where the latter made personal calls upon each one of the council for the purpose of inquiring of them (as they specified in their manifesto, their predilection for all the teachers in their selection of fellows,) whether they had anything to allege against him? Seventeen out of the twenty-one composing the council, declared that they knew not the reason, and that they had nothing to allege. Some, moreover, added, that the selection of fellows was princi-

“ There was a hard fight some years since, to preserve close municipal corporations. They having fallen, who but the council, if even it, can seriously believe that there will not be a searching inquiry into its condition ? The time for making it may be postponed ; procrastination may use its little arts with temporary success, but it must come at last, and the more it is opposed, the more will those who might otherwise hesitate become satisfied of its necessity. The long array of authorities cited by Mr. Wakley, to prove from the mouths of some of the most eminent surgeons, that the practice of surgery cannot be severed from that of medicine, cannot fail of producing the conviction, that the studies of those two branches of the profession ought equally to be conjoined, and that it is a positive injustice to visit with a direct disqualification, those who as general practitioners avow and do, what mere surgeons repudiate but do. According to Mr. Abernethy, ‘ Medicine and surgery ’ are one and indivisible. According to the oracle at whose shrine Sir James Graham bows, and by whom he has been involved in his present Benjamin’s mess, medicine and surgery are to be treated by the legislature for the purpose of securing an income to the Council of the College of Surgeons, as totally distinct and irreconcilable.”

Again,—“ Ignorance, mistake, blundering, obstinacy, almost any defect of the *head* may be tolerated in those who hold official positions, provided they are not suspected of dishonesty : but when once misrule is found to proceed from motives which cannot be justified, when once anything like meanness is exhibited, farewell to the *prestige* of office. Reform or something called by that much-abused name, then becomes inevitable.”

The profession, however, “ is not yet saddled with a board of health, armed with legal authority to regulate all medical and surgical education, and with power to carry out at the expense of the national welfare, the particular views of a small knot of men virtually subjected to the control of any single man, Sir B. Brodie, for instance, who could manage to influence the Home Secretary of the day.” July 28.

As regards the education of medical men, Sir J. Clark observes, pally managed by a cabal of four or five, who always made it their business to meet for the purpose, and by their proceedings so disgusted some of the rest, as to occasion them to stay away altogether from the meetings.”

in his letter already quoted,* “ that it has been retarded by various causes, but chiefly by the existence of a number of institutions, which, while they possess the power of regulating medical education, have interests at variance with the proper direction of this power to raise the standard of the acquirements of those for whom they legislate.

“ The professional duties of the three classes of practitioners being essentially the same, so ought to be the medical education up at least to that point which is considered sufficient to qualify for general practice.”

“ It is from being uninstructed in the common principles of philosophy, and consequently unacquainted with the laws by which the various physical agents amidst which we live are regulated, and the effects of these in promoting health and inducing disease, that medical men have failed in some of their highest duties, that they have been less efficient ministers of health, and less successful investigators of disease than they would otherwise have proved. It is in the power, as it is unquestionably the duty of the legislature, to put an end to this state of things, and an excellent opportunity now presents itself for improving the education of medical men generally, and above all, in its neglected and not least important department, preliminary instruction.

“ The power of carrying out the principles of education should be entrusted to an independent body unconnected with the educating institutions on the one hand, and the medical institutions on the other—a body responsible to the government for its acts, having no collateral interest to divert its attention from carrying out in the fullest manner the principles embodied in the legislative enactment. This important trust should be vested in a body in each division of the kingdom appointed by government for the exclusive purpose of regulating the course of education, preliminary and professional, and testing candidates for licenses to practise.

“ The subject of education must be taken up as a whole, and directed upon a well-devised system, otherwise it can never be successful. It has been because the regulations respecting the education of medical men have been entrusted chiefly to the

* Second Letter to Sir J. Graham.

medical corporations that the preliminary education has been so totally neglected. Such bodies are not qualified to test candidates on their scientific acquirements. It is not their province, and in no other country, I believe, is such a duty entrusted to them. If the Colleges of Physicians and Surgeons are to have any share in examining candidates, it should be restricted entirely to testing their practical knowledge.

“Difficulties will no doubt present themselves, to the establishment of a uniform scheme of medical education, but these difficulties are really less formidable than they at first sight appear to be.

“The present medical corporations and the English universities may oppose such a measure. The opposition of either ought to have little weight if it can be shown to be unreasonable and opposed to the public weal, and assuredly whatever is opposed to the improvement of medical education, and to the elevation of the character and respectability of the great body of the medical practitioners is so.”

Plans have been adopted in other countries where a different system of organization prevails, by raising the standard of education and otherwise, as I have already shown, with a view to prevent an increase of medical practitioners out of proportion to the requirements of the population, and these have partially succeeded; but in the present state of matters in England, and until a change be effected which would afford less scope to the manœuvres of intrigue and favoritism, it is questionable whether more extensive knowledge and a variety of acquirements, such as was recommended in the recent Hunterian oration, would not often be rather detrimental to, than a promoter of professional success, unless their possessor happened to be favoured in point of fortune and connexions, as may be inferred from some of the instances which I have adduced. How far, for instance, would these advantages avail candidates for the appointments of medical officers to our public institutions? Is it not notorious, that under the present mode of election, any one who has rendered services to a particular physician or surgeon, or who can count upon the greatest number of friends to assist him in canvassing votes, most usually succeeds, without reference to superiority of claims or qualification which the great majority of subscribers to these institutions do not trouble themselves to investigate. I

have already mentioned the advertisement which was recently inserted in the papers, by a retiring hospital surgeon in favour of a nominee for whose services he was indebted. At the last election for this office, at St. George's Hospital, which has acquired an unenviable notoriety in these matters, a check was however given to this system, the candidate supported by the medical staff having failed to secure the majority of votes. In fact the whole is generally a party affair. "The real object," as Dr. Sutherland observes,* "of electing the most competent person, is apparently never thought of, and the result of the poll is not necessarily a proof of any other thing than the activity with which the successful candidate has advertised and canvassed. When we examine the system more closely, it is really astonishing the profession should submit to its existence for a moment. It is expected, that individuals holding the position of gentlemen in a learned profession, should advertise and give their pretensions publicity to the utmost of their power. Now were there no other act than this, it would be sufficient to stamp the whole proceeding. There is nothing more repugnant to the feelings of a man of true honour than to adopt such a measure."

When, moreover, the indirect means frequently had recourse to, in order to bias the judgment of subscribers, and to obtain votes are considered, it is not surprising that many of those who would be likely to succeed under a method of fair and scientific competition as adopted on the continent, or of some other by which the relative validity of testimonials might be impartially estimated, should decline to engage in these unbecoming contests; and, consequently, it not unfrequently happens, that elections are at once made through private influence without any opposition. It is true, that many gentlemen obtain these appointments who would also most likely succeed under a method more in accordance with the dignity of the profession, but these may be considered more as the exception than as the rule. The system is, however, in general, pretty well understood, so that not unfrequently the sacrifice of time and trouble are entailed, without a corresponding advantage as regards an increase of private practice; and any material improvement is scarcely to be expected, so long as the present organization of the corporations is allowed to continue. "Before

* On the mode of nominating to appointments in medical institutions.

any substantial good can be expected to follow," says Mr. Salmon, with reference more especially to the College of Surgeons, "the whole system must undergo a thorough change; until this takes place, until the affairs of the college are entrusted to a responsible body, elected for limited periods by the members at large, the same restrictions upon the advancement of science as are produced from the present regulations of the examiners, the same invidious distinctions in our profession, the same courtly intrigue in the medical appointments of the crown, the same monopoly of elections and appointments to our public hospitals and medical charities, and *above all*, the same injurious consequences to the community, must continue. But the question naturally arises, in what manner are the beneficial and necessary changes to be effected? Certainly not by vulgar abuse of the existing authorities, not by senseless clamour, but by firm, repeated, and respectful remonstrance to the legislature, the members of which must be convinced of their necessity. This they cannot fail to be, provided, we lay our grievance before them in a clear and forcible manner: if we prove that our rights are not protected, that our privileges are not such as members of a liberal profession we are entitled to expect, and above all, if we show that present arbitrary, irresponsible, and exclusive power of the Council is *subversive of science and derogatory to the public good*, conviction cannot fail to be brought home to the mind of those who are at the helm of our national affairs, and the most beneficial results *must* speedily follow." *

I have mentioned in my pamphlet some of the plans of amelioration which have been proposed, and will here further quote the opinions of three gentlemen who have devoted much of their attention to the subject. "The mere reform of the existing medical institutions," says Sir James Clark,† "would have small influence in tranquillising the present agitated state of the profession, because such a partial measure of reform would do little for the great body of practitioners. On the contrary, I am inclined to believe, that such a limited reform would produce an injurious

* Oration on the necessity of an entire change in the Constitution and Government of the Royal College of Surgeons, delivered before the Medical Society of London, March, 1838.

† First Letter to Sir J. Graham.

effect upon the profession by giving a temporary stability to institutions which are not, and as far as I can see cannot, be adapted to represent the profession as a body. Reform of the medical corporations, would even be of little permanent advantage to themselves, for it is quite certain, that any reform of these bodies which has not for its aim and end the good of the whole profession, and the advantage of the public, cannot and ought not to endure. I would ask, Sir, the advocates of such a partial measure what are the great objects to be aimed at in reforming the present anomalous state of the profession? Is it not to improve and equalise the education of medical men throughout the country, in order that the public may be supplied with competent medical advisers? Is it not to raise the character of the general practitioner, and to put an end to the discontent which has so long existed in the profession on account of the unequal and generally imperfect education of its members, and the vexatious regulations respecting the privileges of men licensed by different bodies; and finally, is it not to unite the whole profession into one corporate body. Can these objects be attained by reforming institutions, the separate existence of which tends to keep up the very evils complained of, while they exercise little or no beneficial influence on the profession. Such a union of the whole profession as is here advocated, must come; it is inevitable because it is the only reform which is consistent with the natural order of things that is founded in justice, or can place the profession as a body in the position which it ought to hold among the liberal professions."

"Were the Government to decide that the whole medical profession shall be incorporated into one body, and that to this body only would be granted a charter of incorporation, I firmly believe all obstacles to the union of the colleges would soon be removed, and that in the course of a very few years, we should see the united institutions exercising an influence on the character of the profession and on the progress of medical science far beyond what the present corporations ever did, or ever could do in their separate capacities."

Mr. Green advocates the formation of a "State Council for medical affairs, as being most in harmony with our institutions, best calculated for providing an effective bond of union in regulat-

ing and protecting the interests of the different departments of the profession as *one body*, having an essential community of interests and objects. This council, emanating from and responsible to the Government."

"None, I think," continues Mr. Green, "will venture to say, that a candid and unprejudiced inquiry is uncalled for, whether the good of the profession and of the community would not be best consulted by incorporating the College of Physicians and Surgeons of London, not only with the London university, but with the universities of Oxford and Cambridge, in forming a board of examiners for conferring degrees and granting licences to practice."

Dr. Grant likewise observes, "If, instead of the numerous detached learned societies, devoted to separate branches of the healing art, our great colleges formed but one royal academy of medicine, and one royal academy of surgery in each of the three divisions of the empire, with an entirely popular constitution, publishing transactions, with libraries and museums, open to competition, bestowing rewards on merit; is it likely that a single member of the medical profession would not aspire to belong to such colleges of learning,—would not cheerfully submit to be governed by laws which he himself contributed to form,—would not willingly contribute his funds and talents where merit was certain to be distinguished and rewarded, and where preferment was a voluntary tribute to honourable distinction? No arbitrary grades, no oppressive bye-laws or disreputable intrigues could here be tolerated or attempted, and indeed the calm pursuits which they would cherish and encourage, would greatly assuage the the irritated feelings of our insulted and dismembered profession. Is it likely that the colleges by such a change would become less prosperous in their funds or less honourable and dignified in their character, less useful to the profession or to science, less respected and beloved by their members, or less beneficial to the community?"

"As the council of these learned societies, academies, or colleges would of course be representative bodies, supported by the suffrages of the registered members, either present, or by lists transmitted to the secretary; this would be the place of honour,

but without labour and without emolument. The medical patronage of hospitals and all other institutions of the sick,—the regulation and patronage of the medical service of the army and navy, the examination and licensing of medical schools, the framing of medical curricula, and the examination of candidates for medical honours and privileges would be among the duties of the salaried boards, or governing faculty appointed by and from the popular and representative councils. The general concerns of the medical profession to be managed by a single metropolitan board.”

As regards the methods adopted in other countries, for the organization of the hygienic department, I beg to refer to my pamphlet for information, and with respect to the alterations which I ventured to suggest in the medical organization, I am happy to find the opinion therein expressed to be in accordance with the above-quoted authorities, as to the incorporation of the colleges and the formation of central examining boards. Thus the same grades as at present, viz., physicians, surgeons, and general practitioners, might be preserved. The Colleges of Physicians and Surgeons, with representative councils, amalgamated into faculties of medicine in London, Edinburgh, and Dublin, under the direct superintendence of government, with deans and professors, to lecture upon the branches of philosophical and medical studies, and to form examining boards.*

The distinction between fellows and licentiates in the London

* Ample materials exist for the formation of a national professorate. Instead of granting a special charter to the London University, it seems that the original intention of Government was to create a central university examining board.

“The government proposes to establish and incorporate by charter, as an university, a new body, composed of gentlemen of the highest eminence for learning and science, and this university will be empowered to examine and confer degrees in arts, medicine, and law, upon the students of certain colleges and other schools of professional education placed in connexion with the university. The colleges for general education which are to be named in the original charter are the existing London University and King’s College; upon the students of these alone all degrees in art are to be conferred in the first instance, but a power will be reserved to the Crown of admitting any similar institution to the same privilege. Medical degrees will be conferred upon students, not only from these two institutions, but from other medical schools.”

Mr. Warburton, who is a member of the council of the London University, said in the same debate, “If the right honourable gentlemen opposite think that the professors of the London University would have too great an interest in multiplying degrees, let them come forward with a proposal to establish one general university

College of Physicians to be abolished. Students of medicine, whether intending to be physicians, surgeons, or general practitioners to go through the same course of study in the first instance, comprising a stated attendance on the classes of the faculty, and to undergo two examinations,—the first chiefly upon the accessory sciences before the professors of the faculty, (as in the French and German faculties,) the second more practical and clinical, not before the candidate has attained the age of twenty-two years, before a joint board composed partly of professors and of examiners of the colleges, (the examiners *receiving a fixed salary not dependent upon the number of those who obtain the licence.*) This examination to confer the title of licentiate of the faculty (general practitioners). Those licentiates who may desire the diploma of the College of Surgeons, or who intend to practise as physicians, to present themselves before the courts of examiners, in the former instance immediately or at any time subsequent to having obtained the licence of the faculty, and at the age of 26, the member of the college to be further eligible to the fellowship. The examination for the diploma of the college of physicians when the candidate shall have attained the age of 26, and upon producing testimonials of additional hospital attendance. Licences to practise to be obtained only after examination at the central boards in London, Edinburgh, and Dublin.* Canvassing personally or by friends for medical ap-
 for London, comprehending King's College as well as the London University, and let them appoint a set of examiners of their own to determine of the granting of degrees *wholly of the professors of the two colleges.* If they will come forward with such a proposition as this, I will pledge myself that I, and I believe all the other members of the council, will withdraw our opposition at once."—Remarks on the Ministerial Plan of a Central University Examining Board. 1836.

* The Society of Apothecaries, in their observations on the registration bill of last year, objects, with reference to difference of requirements from candidates, and of examinations by the various bodies which are at present empowered to grant licences to practice—"It is reasonable to expect that in the absence of any controlling power such a difference would in fact be found to exist between the different examining boards of the three kingdoms. Particular examining boards would soon acquire the reputation of being satisfied with a less extensive course of study, or with a less searching examination than others, and a temptation would be held out to students to seek their licence to practise from boards enjoying this species of reputation." This evil has in fact hitherto afforded such just grounds of complaint, and would be prevented by the plan of uniformity in the method of studies and examinations at the central boards, the examiners having no direct interest in the numbers who pass.

pointments in charitable institutions to be superseded by a method more in accordance with the dignity of the profession, better calculated to promote the objects of these institutions, and the advance of medical science. The establishment of courts of honour for arranging differences between practitioners, and for preventing or punishing offences against medical ethics. Becoming prizes to be annually awarded, and other means adopted for the furtherance of science. Dentists, Aurists, and all special practitioners of branches of the medical art, to be allowed to practise only after an examination and licence, as is required in other countries.

Uniformity and greater efficiency in education and examinations throughout the kingdom would by this plan be guaranteed. The registration of medical men is a matter of subordinate importance; the profession may in fact be said to be already generally registered in the lists of the colleges, and in the medical directories; so that although this or any other partial measure might be with advantage included as part of a comprehensive system, it would, if sanctioned as a separate legislative act, in all probability, not be attended with the advantages expected from it in arresting quackery, which would be best checked by a more complete medical organization and education. Such a proceeding would, moreover, it is to be apprehended, have the effect of indisposing parliament from again entertaining the question of medical reform, which would thus once more be set aside, the same causes of discontent persisting for an indefinite period.

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